

Non-invasive deep brain stimulation

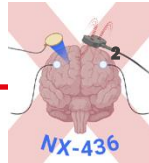
Nx-436

‘Advanced methods for human neuromodulation’

Prof. Friedhelm Hummel

Defitech Chair for Clinical Neuroengineering,
Neuro-X Institute (INX) & Brain Mind Institute (BMI)
Ecole Federale Polytechnique de Lausanne (EPFL)

Department of Clinical Neuroscience, University Hospital of Geneva



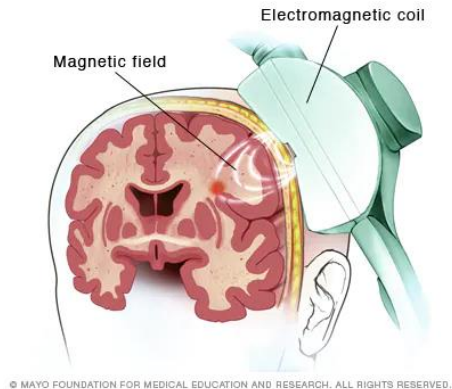
Non-invasive deep brain stimulation

- 2 methods that will be discussed
 - Deep TMS
 - Transcranial temporal interference stimulation (tTIS)
- Concepts and Mechanisms of these methods

Applications

Challenges/Limitations

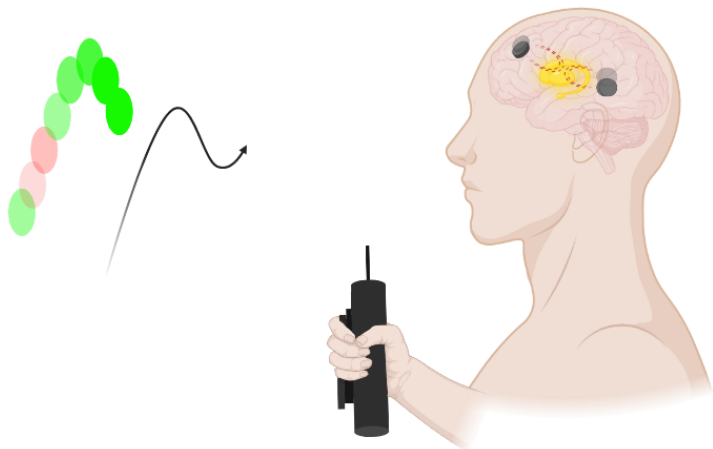
Optimization

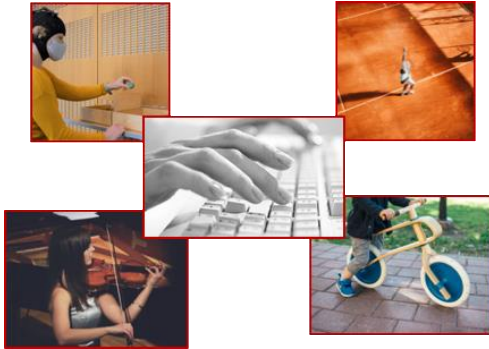
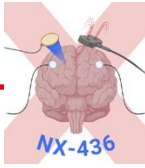


Non-invasive deep brain stimulation

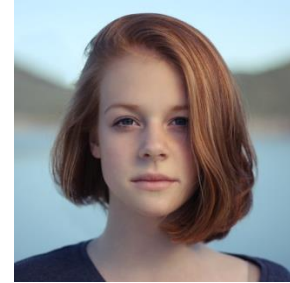
deep TMS

transcranial temporal interference stimulation (tTIS)

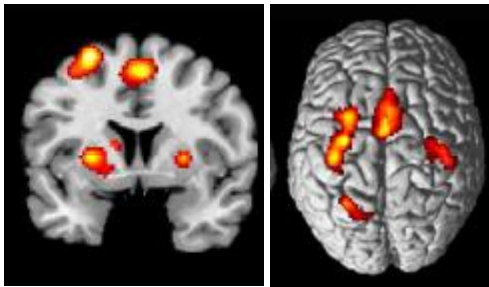


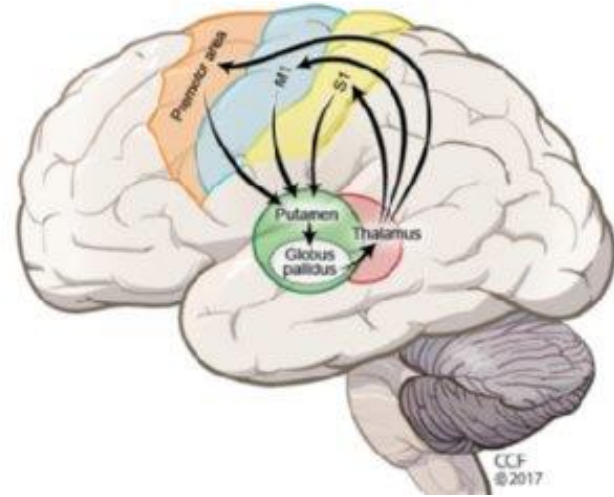


Motor Learning



Memory



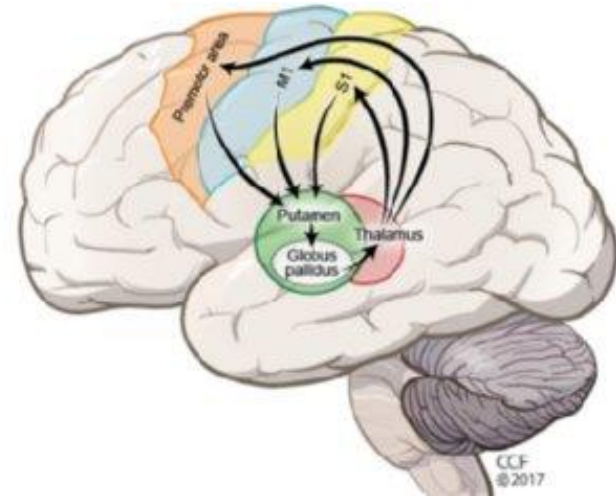


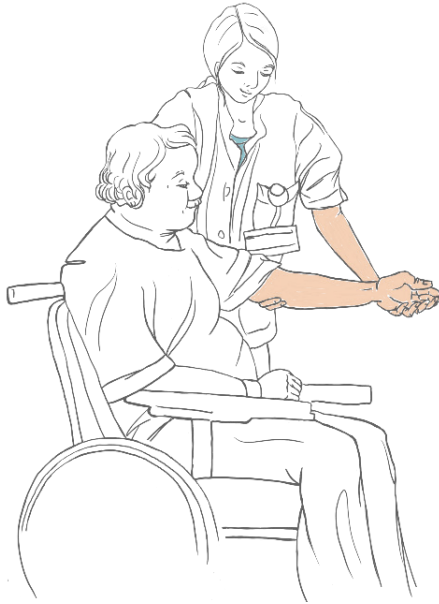


Stroke

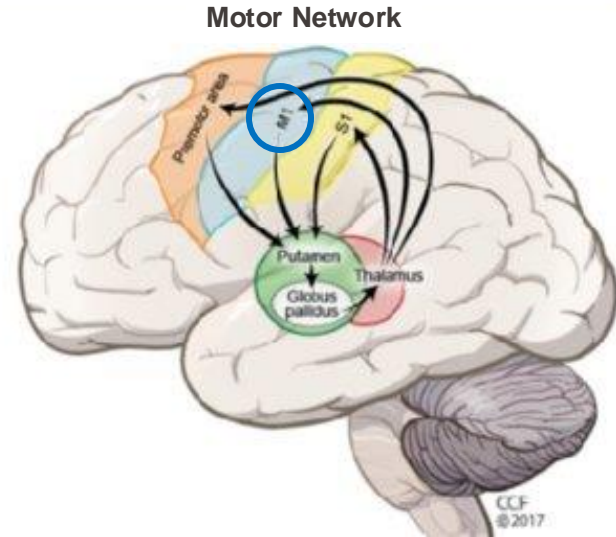


Parkinson's



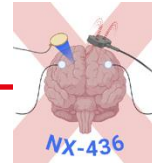


Non-invasive brain stimulation



e.g., Maceira-Elvira *et al.* 2022 Sci Adv, Nat Nsc; Zimmerman *et al.* 2013 Ann Neurol; Zimmerman *et al.* 2014 Cerebral Cortex; Nitsche *et al.* 2000 J Physiol

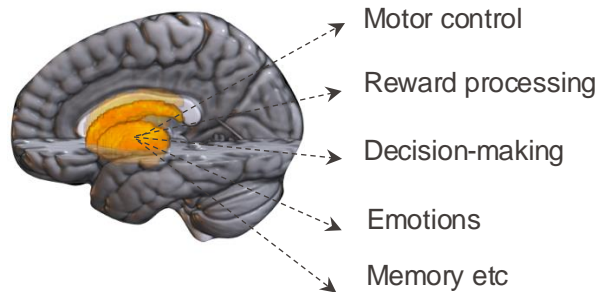
Stroke recovery: Hummel *et al.* 2005 Brain; Hummel & Cohen 2006 Lancet Neurology

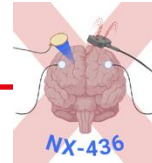


Deep brain regions are altered in many **neuro-psychiatric disorders**:

e.g., **striatum, hippocampus, thalamus, DLPFC**

- Stroke
- Apathy
- Parkinsons' disease
- Epilepsy
- Dementia...

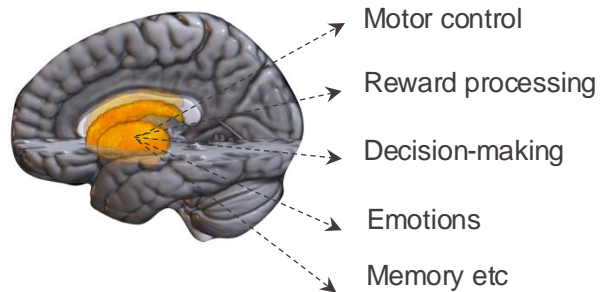




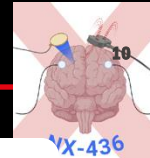
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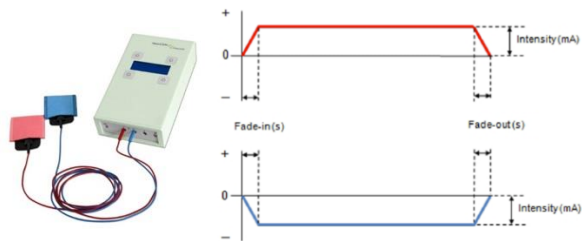
- Stroke
- Apathy
- Parkinsons' disease
- Epilepsy
- Dementia...



Challenge: focal, non-invasive deep brain stimulation is not possible with conventional approaches due to steep depth-focality trade-off

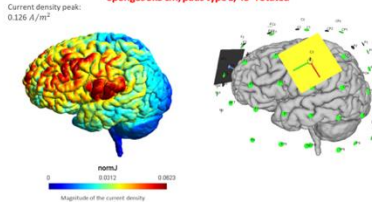


transcranial Direct Current Stimulation (tDCS)



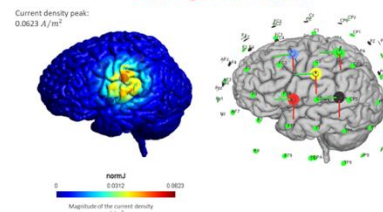
Anodal tDCS

Gold-standard montage on C3-F4, 1mA
Sponges 5x5 cm, pads type E, 45° rotated

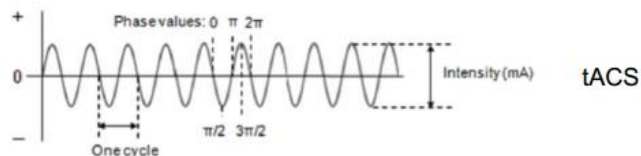


Cathodal tDCS

4x1 montage, anode close to C3, 1mA

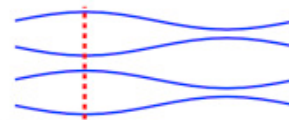


transcranial Alternating Stimulation (tACS)

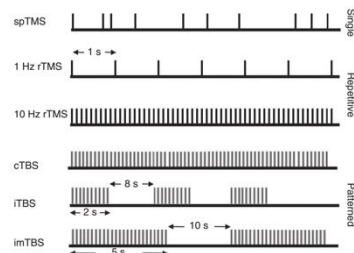


In-Phase

Center 1
Ring 1
Center 2
Ring 2



transcranial Magnetic Stimulation (TMS)

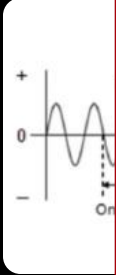




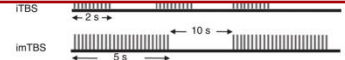
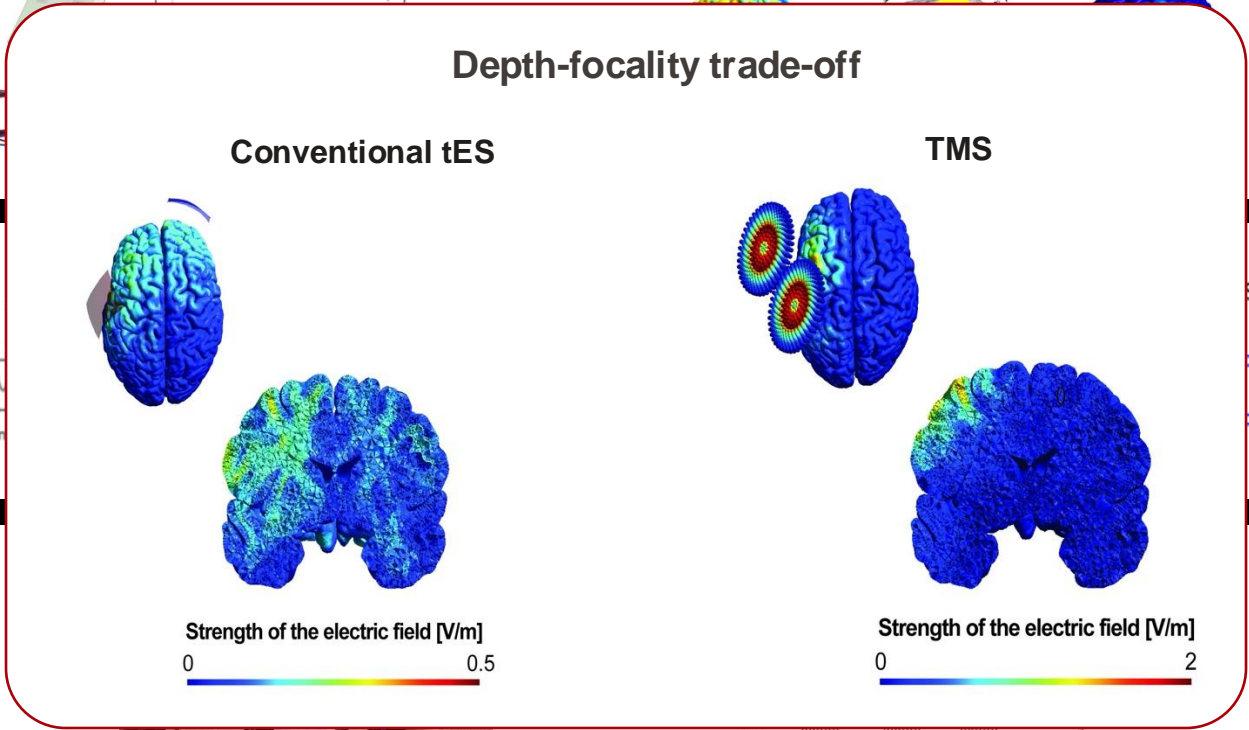
transcranial
Direct Current
Stimulation
(tDCS)

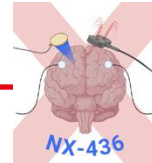


transcranial
Alternating
Stimulation
(tACS)



transcranial
Magnetic
Stimulation
(TMS)

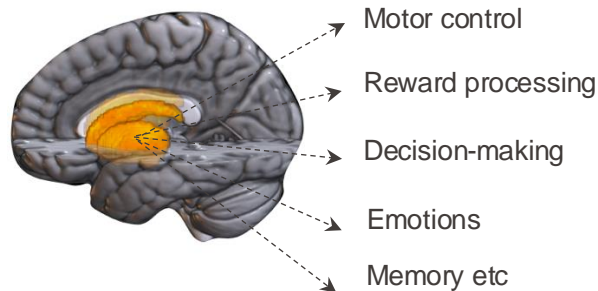




Deep brain regions are altered in many **neuro-psychiatric disorders**:

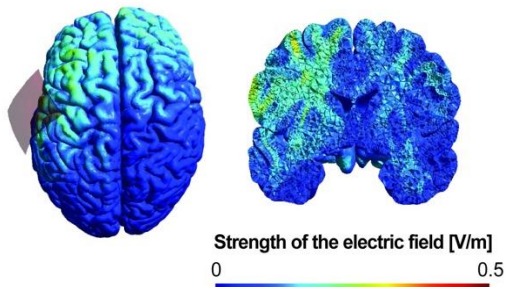
e.g., **striatum, hippocampus, thalamus, DLPFC**

- Stroke
- Apathy
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- Dementia...

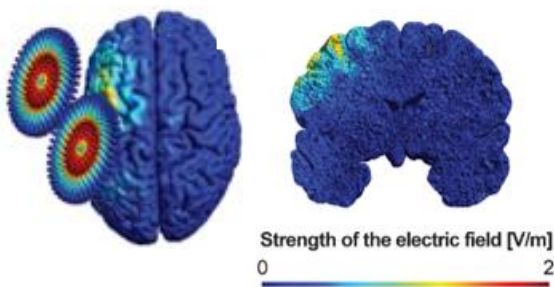


Challenge: focal, non-invasive deep brain stimulation is not possible with conventional approaches

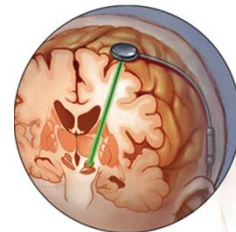
Conventional tES

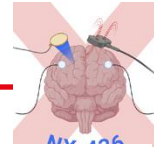


TMS

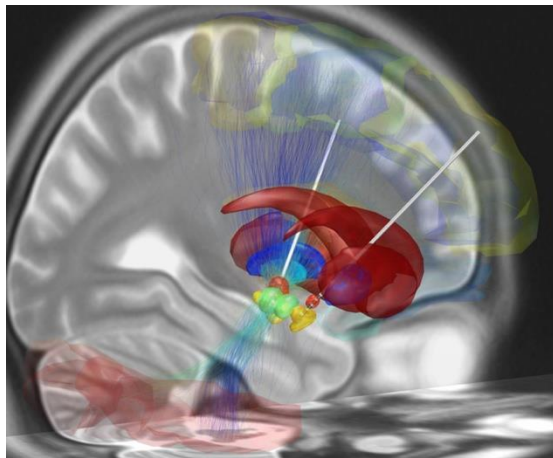


Deep brain stimulation
is so far **limited to
invasive methods**





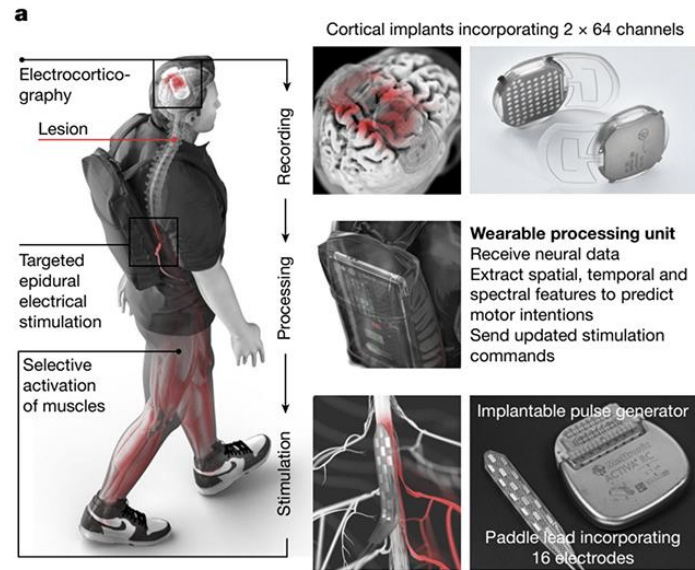
(Adaptive) Deep Brain Stimulation



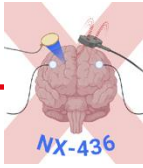
For review e.g., Marcegli *et al.* (2024) JNE

- Effective, excellent for 24/7 use
- Invasive with respective side effects
- Costly
- Not accessible for a large part of patients (e.g., only 2-4% of PD patients have DBS treatment)
- Not for responder, non-responder testing (personalization)

Brain Spine Bridge – Spinal Cord Stimulation



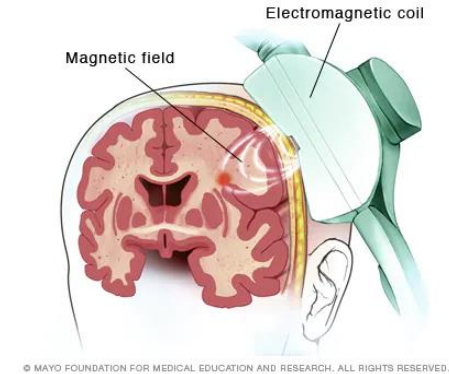
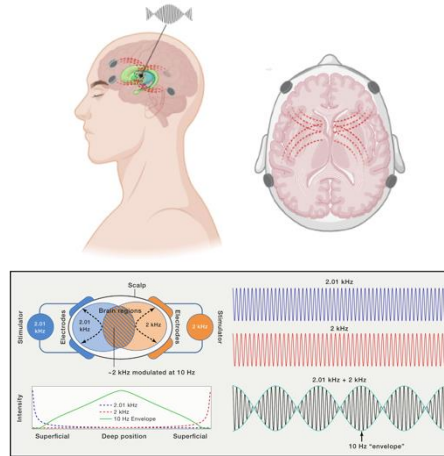
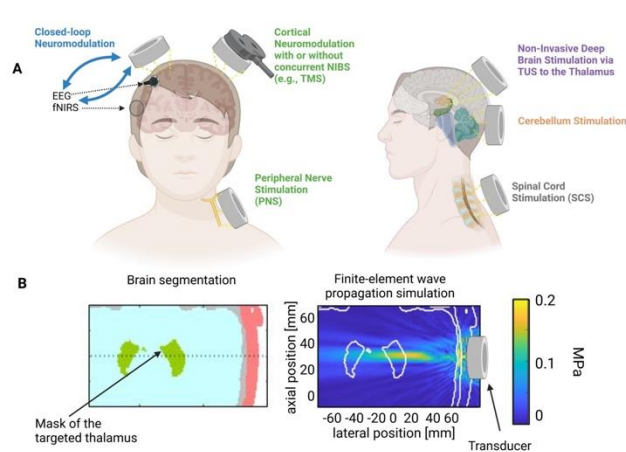
Lorach *et al.* (2023) Nature



transcranial focused Ultrasound (tUS)

transcranial Temporal Interference electrical Stimulation (tTIS)

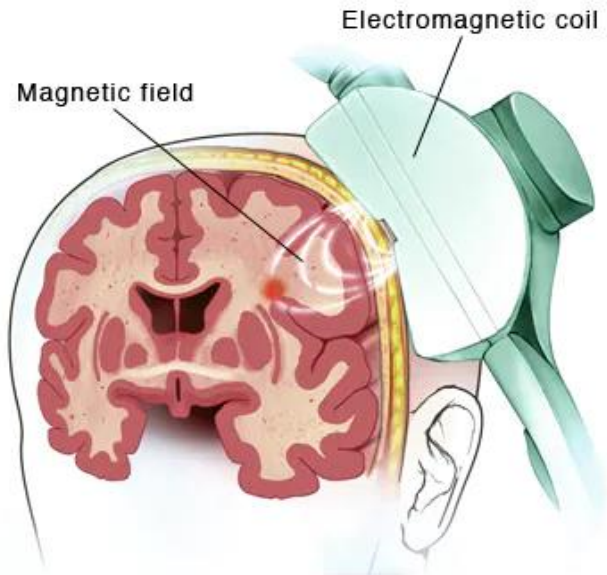
Deep TMS



For review e.g., Yüksel et al. *IEEE EMBS* 2024

Hummel & Wessel *Nature Review Neurology* 2024
 Vassiliadis et al. *Nature Human Behavior* 2024
 Beanato et al. *Science Advances*, 2024
 Wessel, Beanato et al. *Nature Neuroscience* 2023
 Violante et al. *Nature Neuroscience* 2023
 Grossman et al. *Cell* 2017

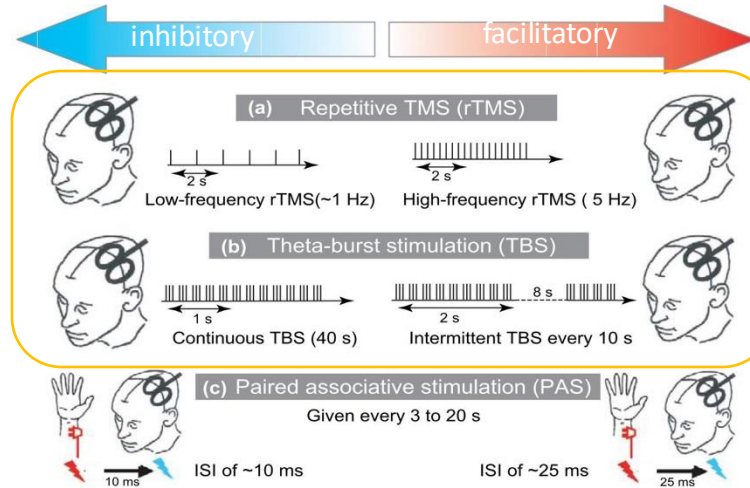
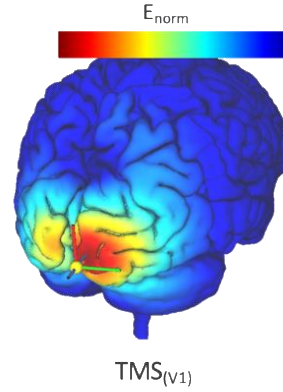
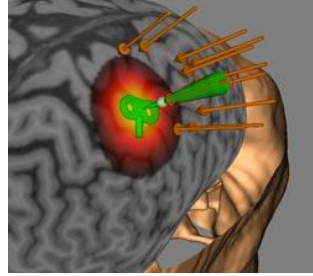
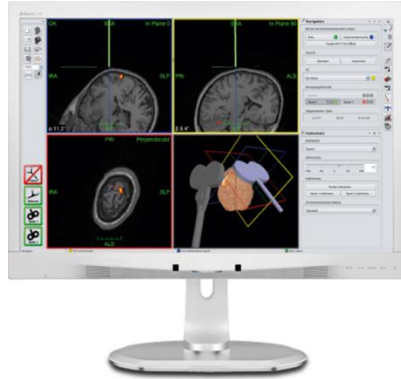
Bersani et al. *Eur Psychiatry* 2013
 Di Passa et al. *J Psychiatr Res.* 2024

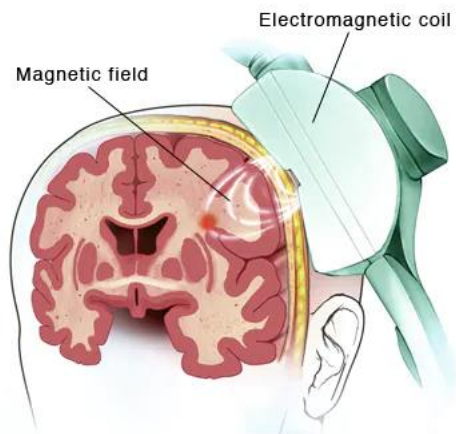


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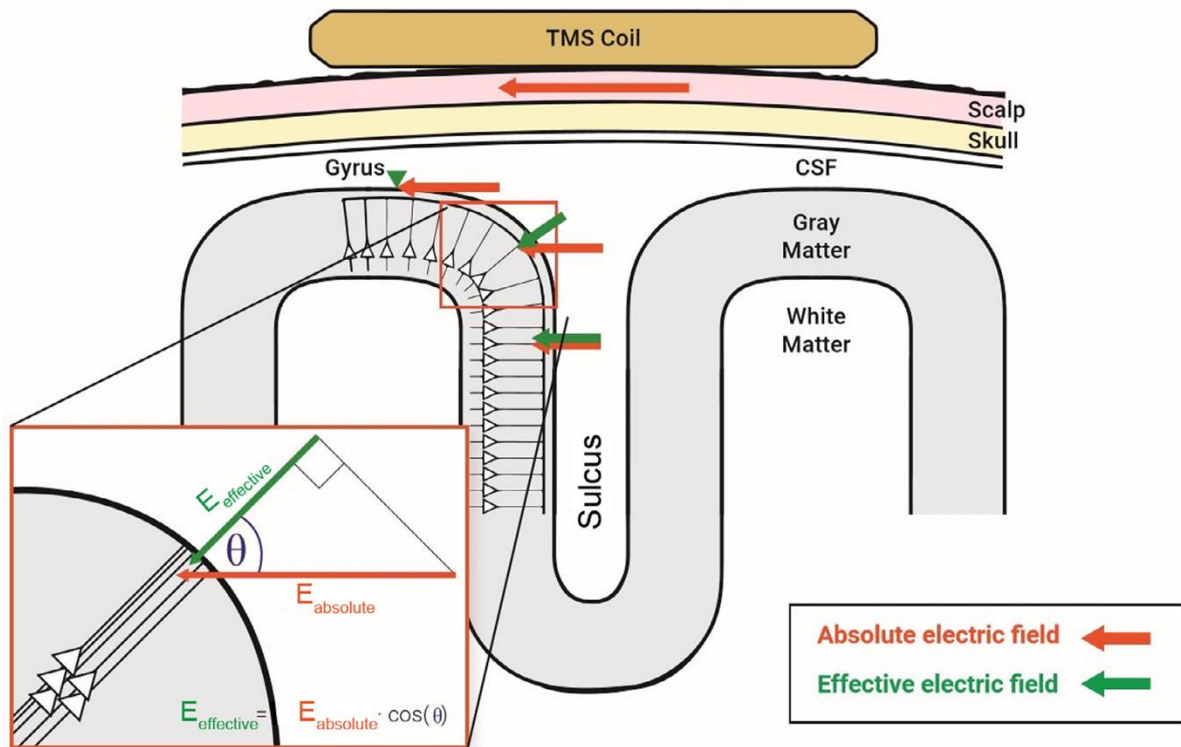
deep TMS

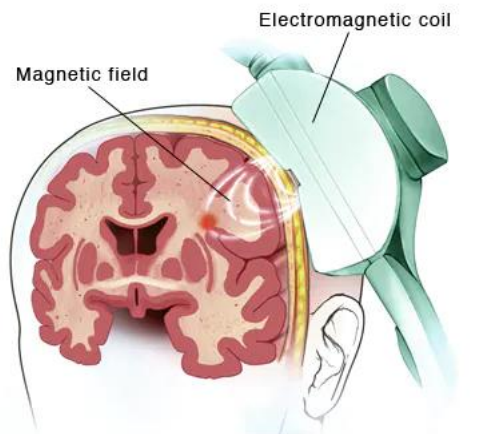
Transcranial Magnetic Stimulator (TMS)



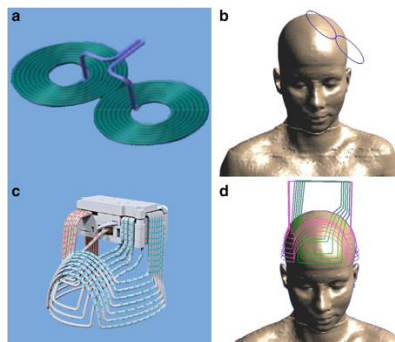


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H1-Coil



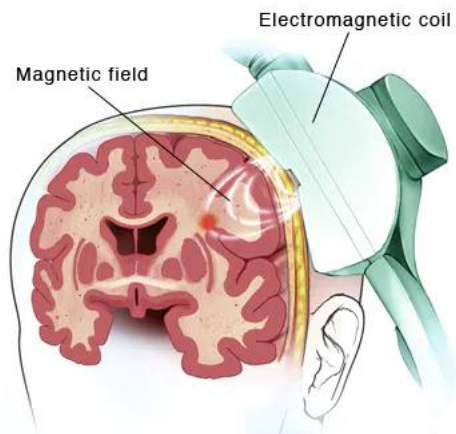
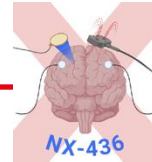
H7-Coil



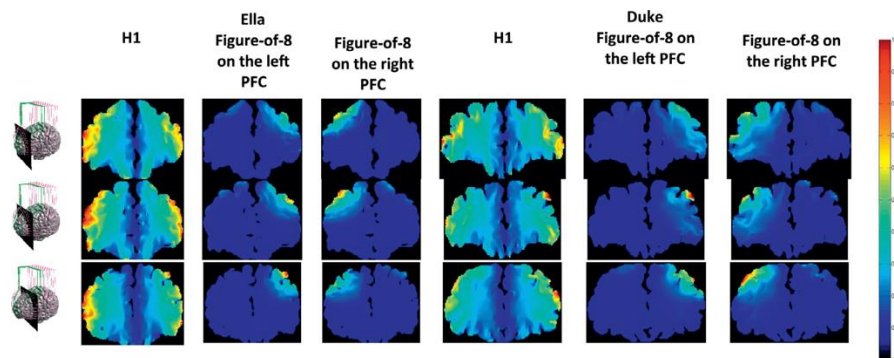
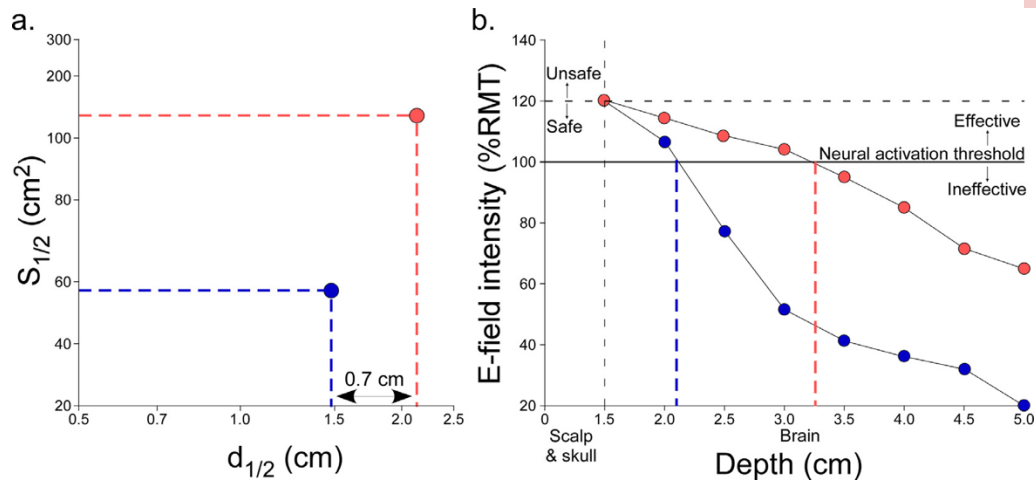
H4-Coil

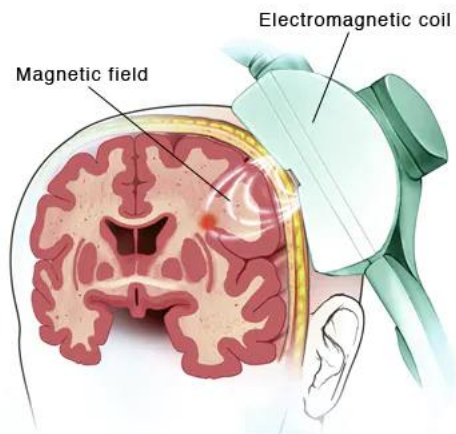


Traditional TMS Coil



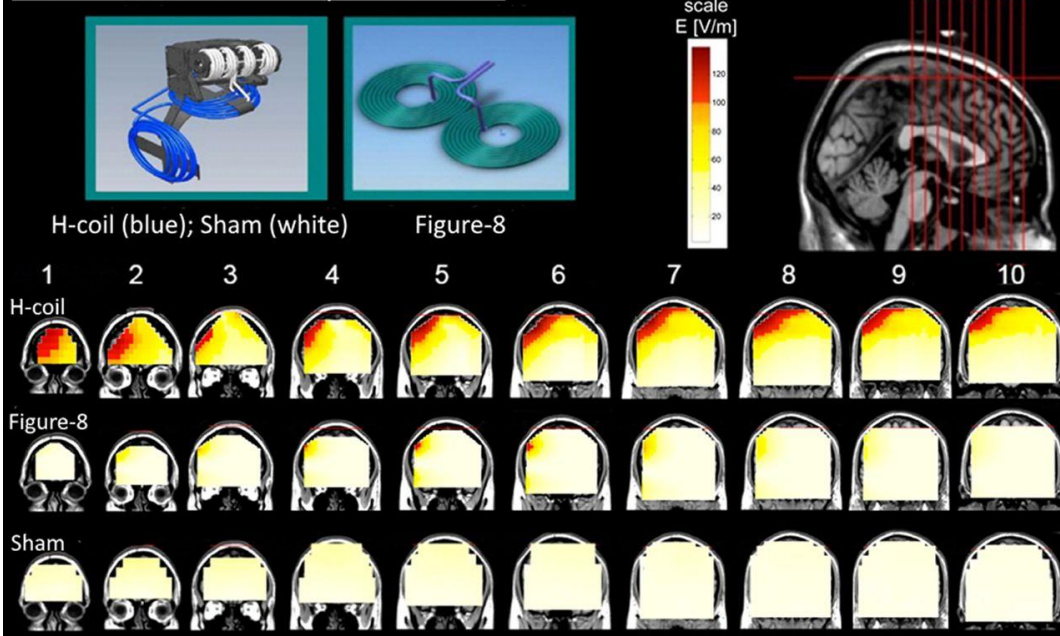
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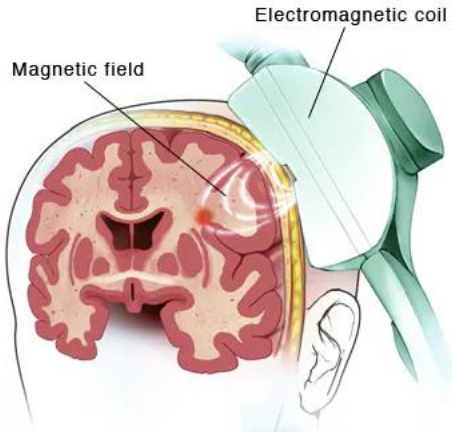




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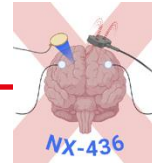
Electric field distribution maps at 120% RMT





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Deep TMS has been CE-marked to treat:

Patients diagnosed with major depressive disorder.
Patients diagnosed with obsessive-compulsive disorder.
Patients diagnosed with smoking addiction.
Patients diagnosed with Alzheimer's disease.
Patients diagnosed with autism.
Patients diagnosed with bipolar disorder.
Patients diagnosed with chronic pain.
Patients diagnosed with multiple sclerosis (MS).
Patients diagnosed with Parkinson's disease.
Patients diagnosed with post-stroke rehabilitation.
Patients diagnosed with post-traumatic stress disorder (PTSD).
Patients diagnosed with negative symptoms of schizophrenia



H1-Coil
for Major Depressive
Disorder (MDD)



H7-Coil
for Obsessive-Compulsive
Disorder (OCD)

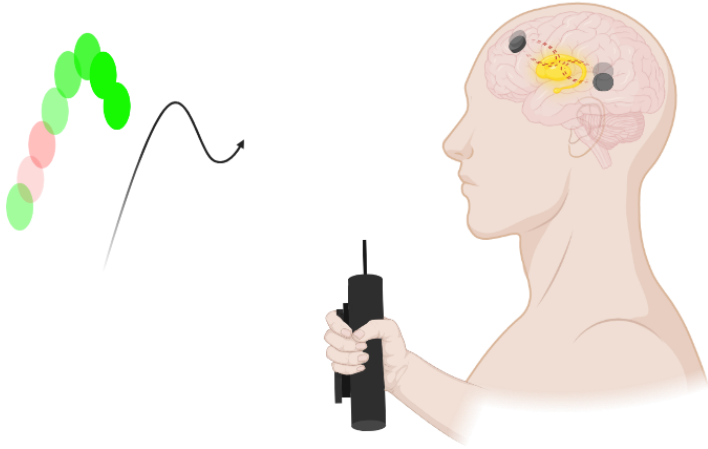


H4-Coil
for Smoking
Cessation

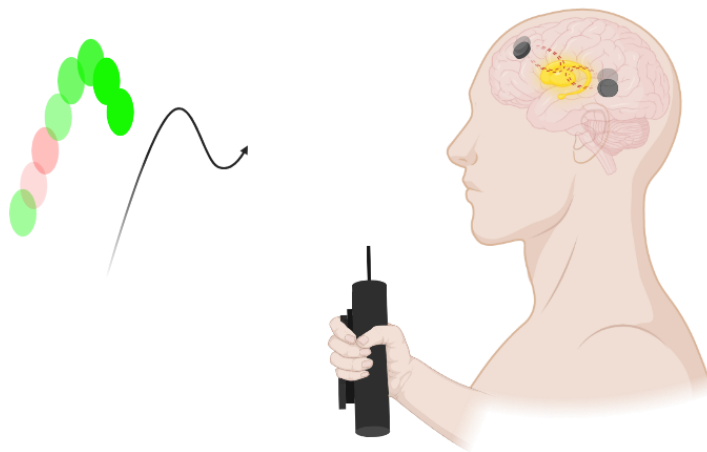
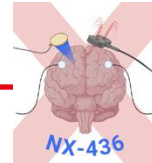


Traditional TMS Coil
for Major Depressive
Disorder (MDD)

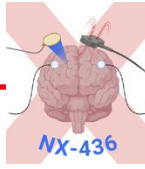
- **Deep TMS by means of H-Coils allows to reach deeper (cortical) structure**
- **Lower focality then classical Figure of 8 coils**
- **Based on special coil architecture**
- **Improves treatment effects**
- **However, still limited to the Cortex!**



tTIS

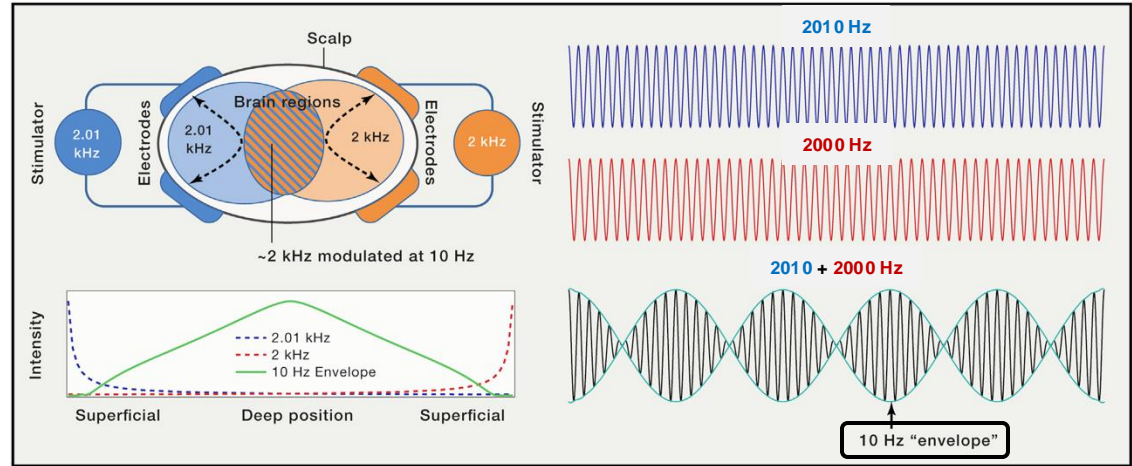
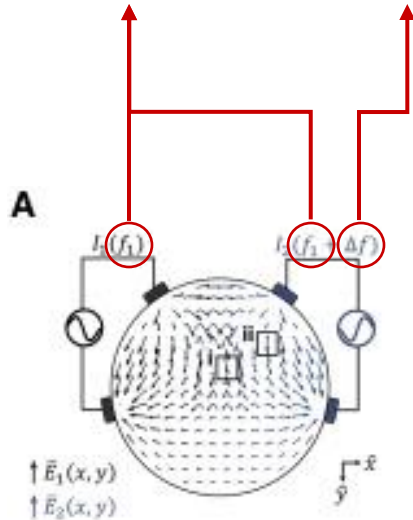


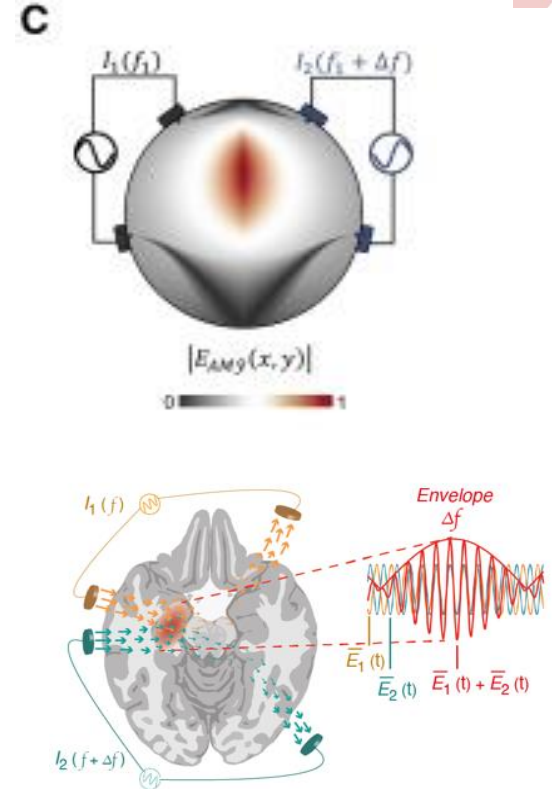
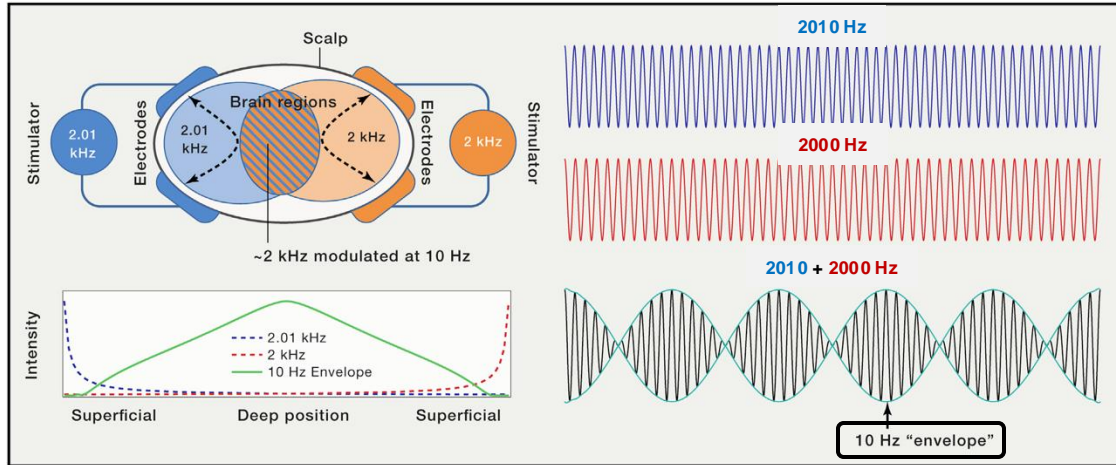
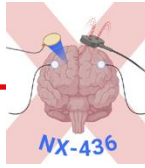
Wessel*, Beanato* *et al.*, 2023, *Nature Neuroscience*; Vassiliadis *et al.*, 2024 *Nature Human Behaviour*, Beanato, Moon *et al.* 2024 *Science Advances*; Vassiliadis *et al.* 2024 *JNE*; Yang *et al.* 2024 *MDS*; Violante *et al.* 2023 *Nature Neuroscience*

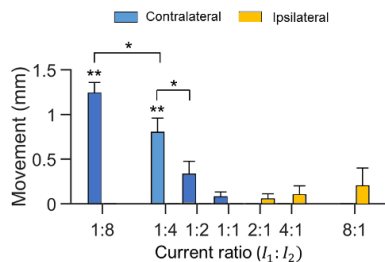


High frequency
outside neural
operation

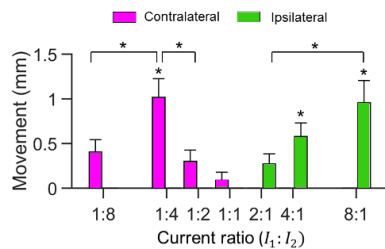
Frequency
recruiting
neurons

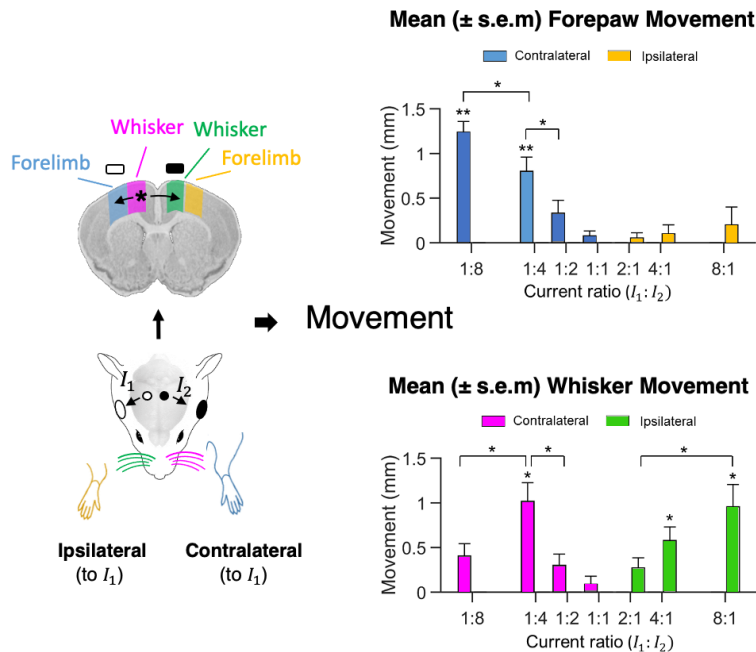
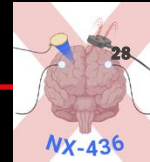






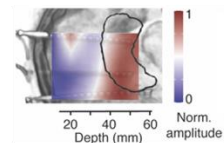
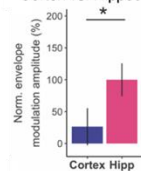
➔ **Movement**





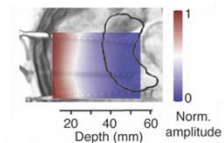
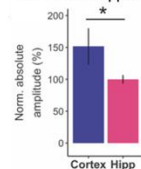
Envelope Amplitude (TI stimulation)

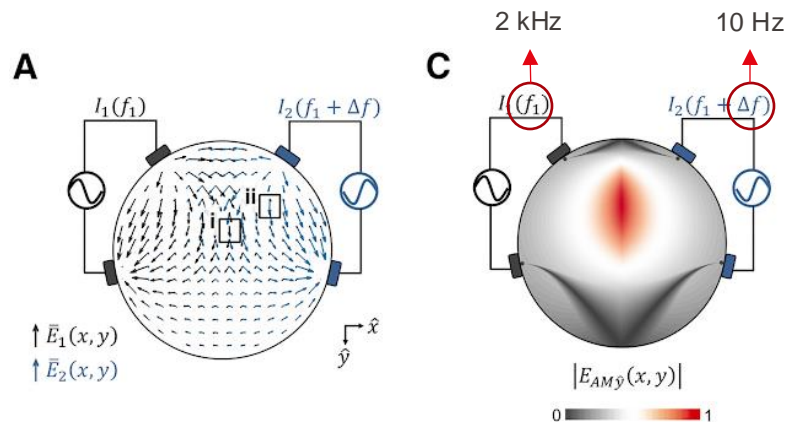
Normalized Amplitude Map

Normalized Amplitude
Cortex vs. Hippocampus

Absolute Amplitude (normal AC stimulation)

Normalized Amplitude Map

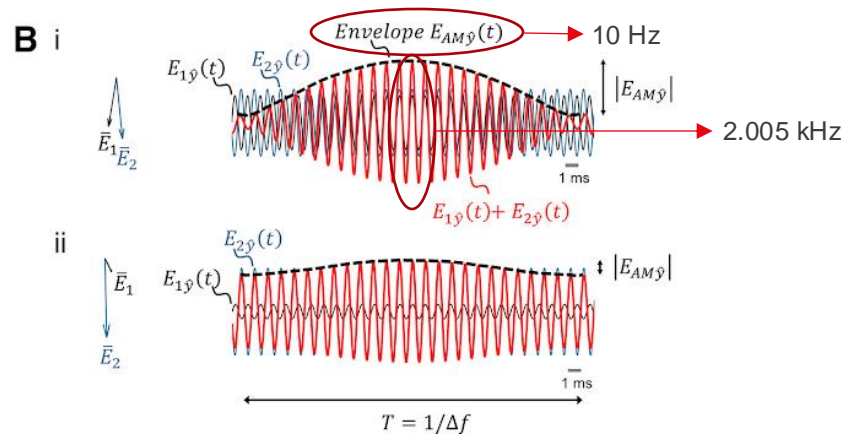
Normalized Amplitude
Cortex vs. Hippocampus

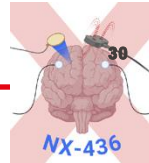


Good **spatial** resolution



Able to **reach deep brain structures**





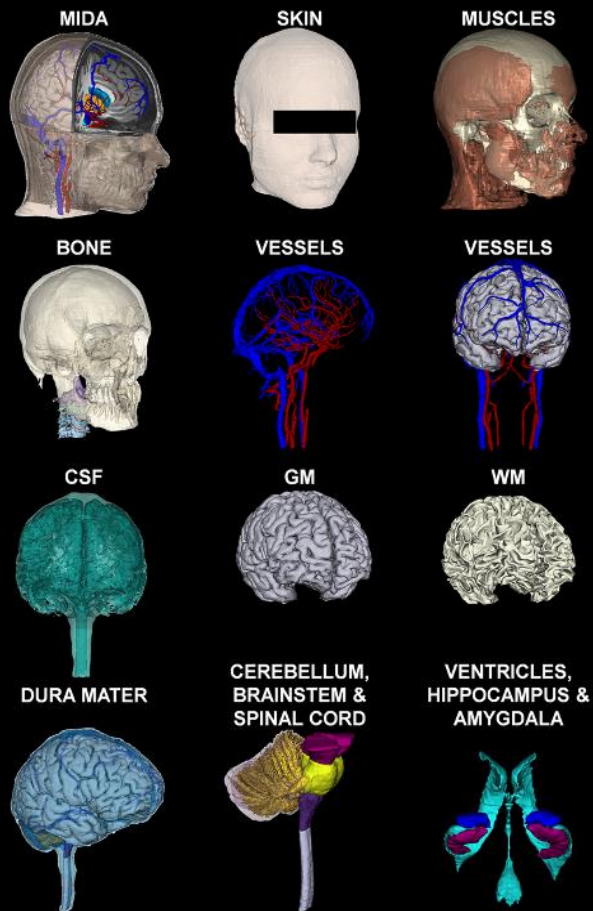
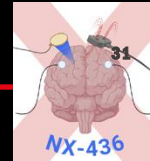
Questions to solve

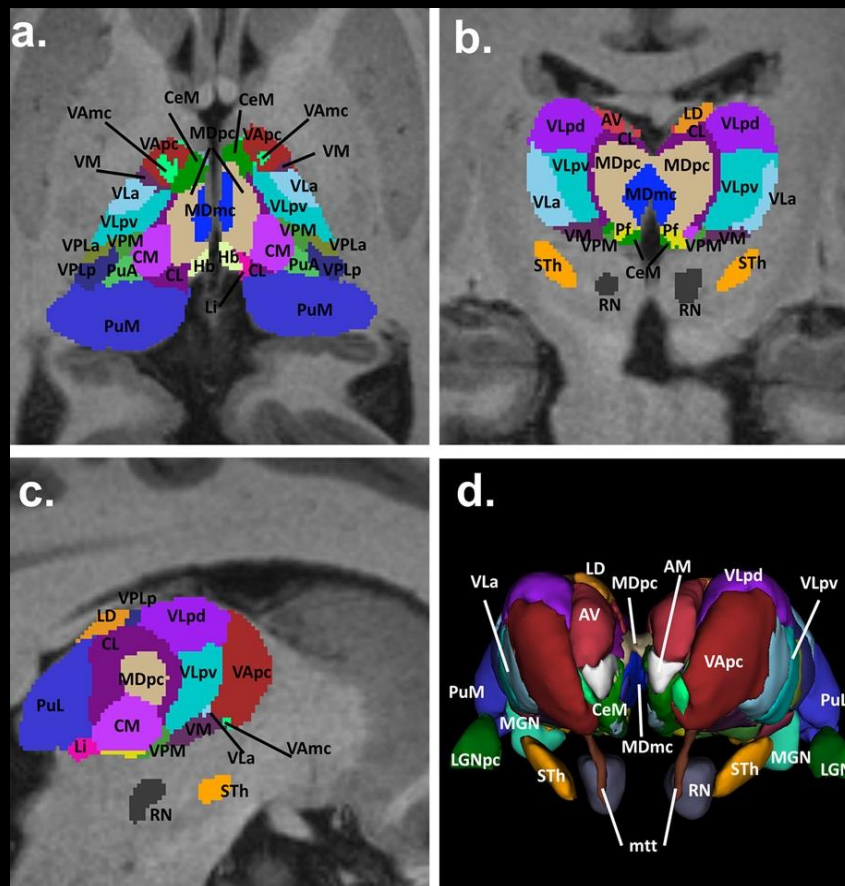
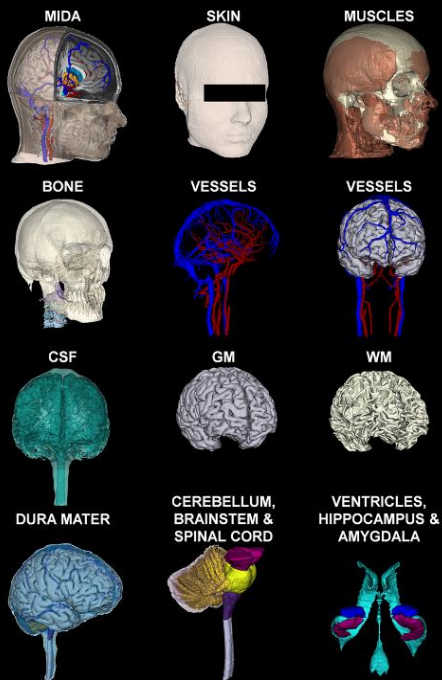
Localization

Stimulation parameters

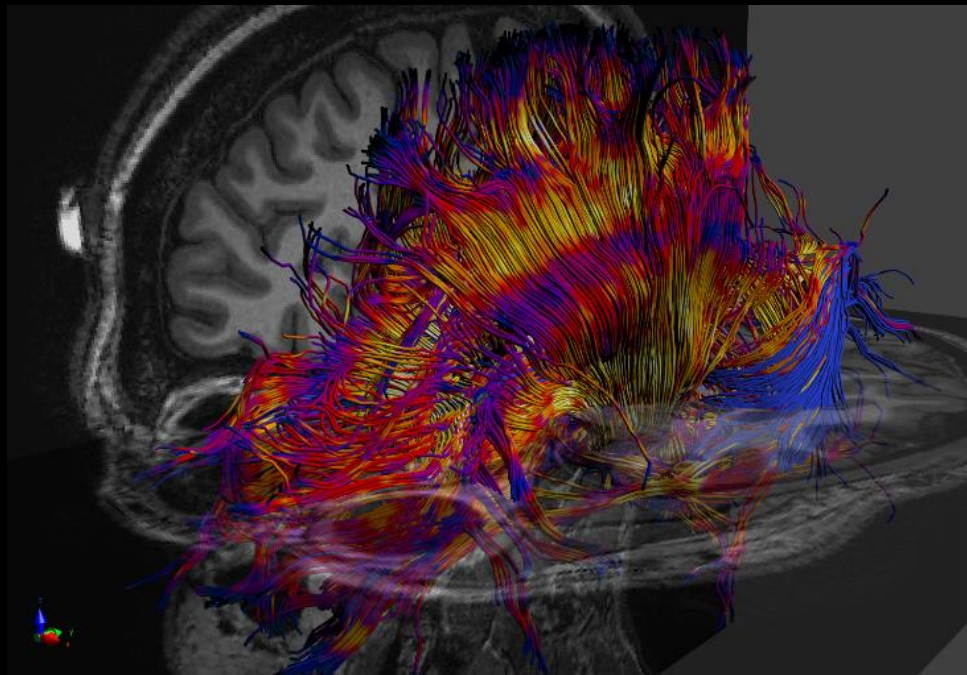
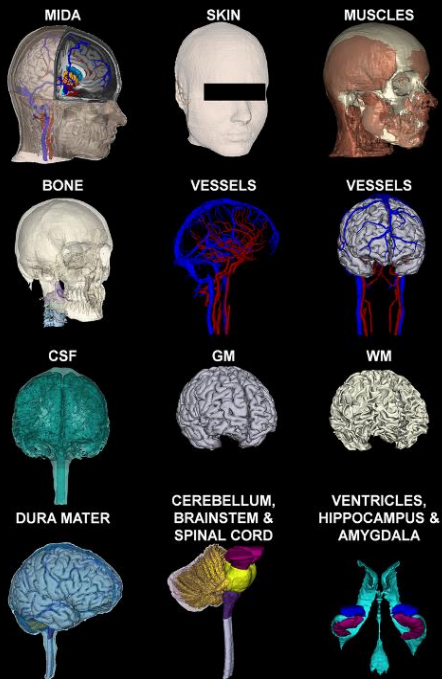
Focality of stimulation effects

Validation of stimulation effects

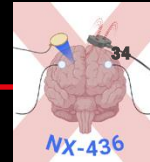




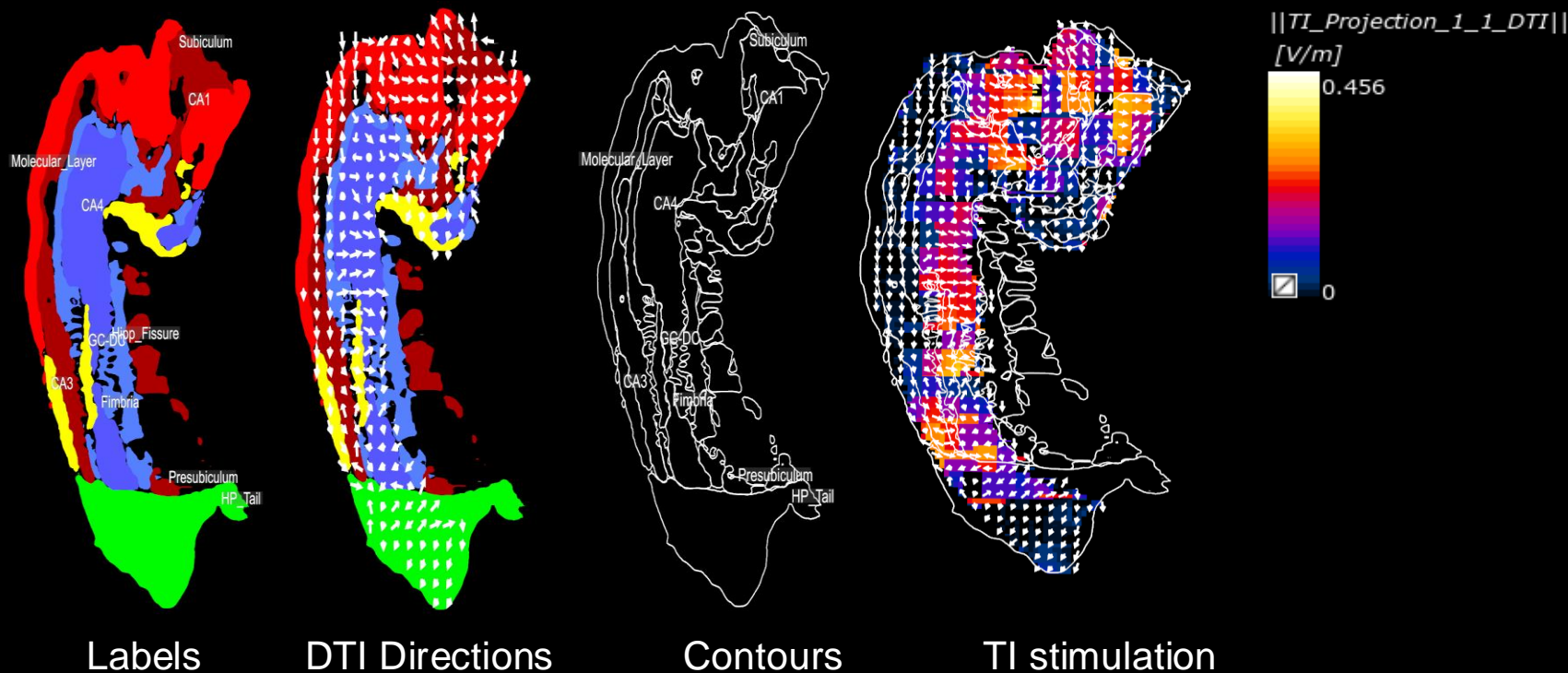
Further informing the model

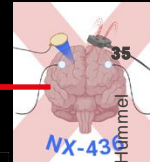


Diffusion tensor imaging (DTI) to obtain information on tissue anisotropy and fiber orientation

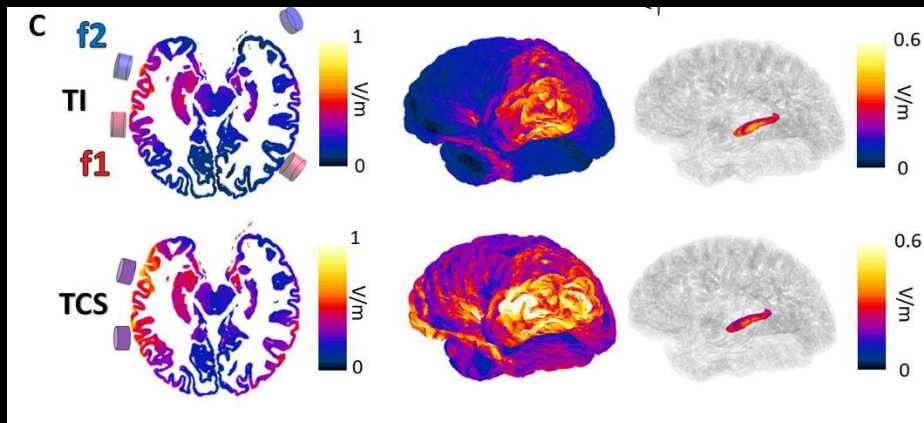
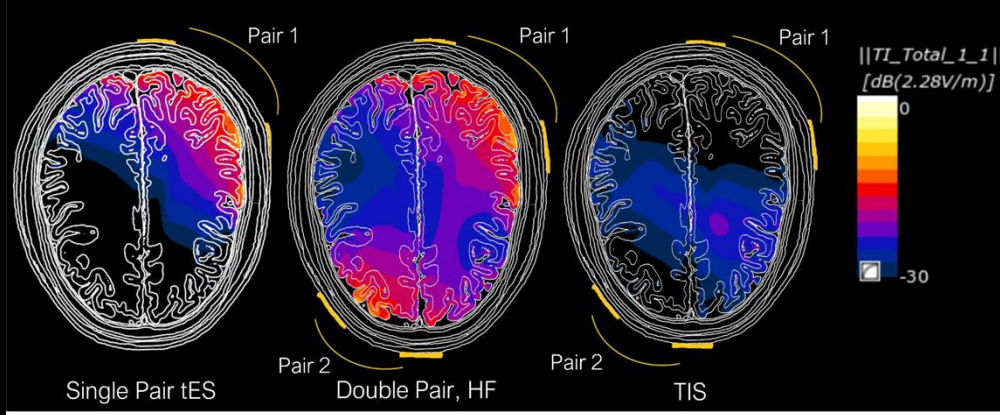
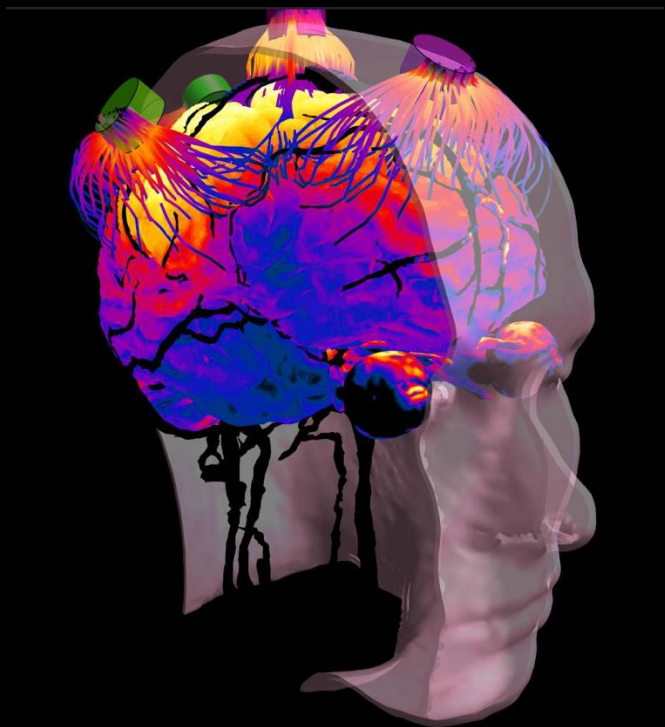


Hippocampus simulations (MIDA model)

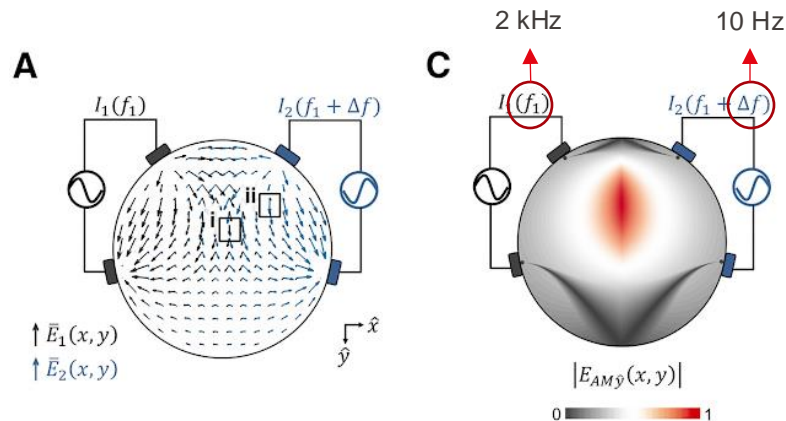




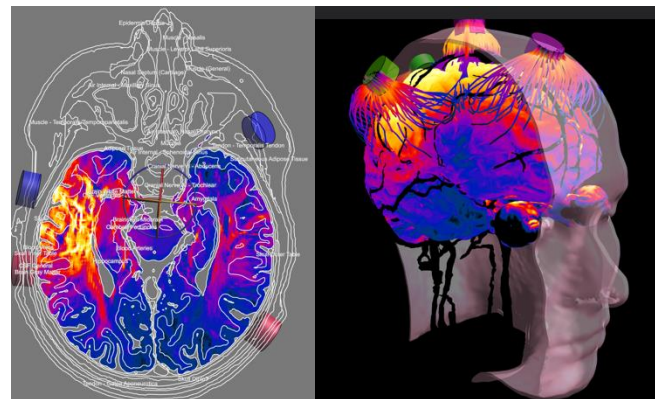
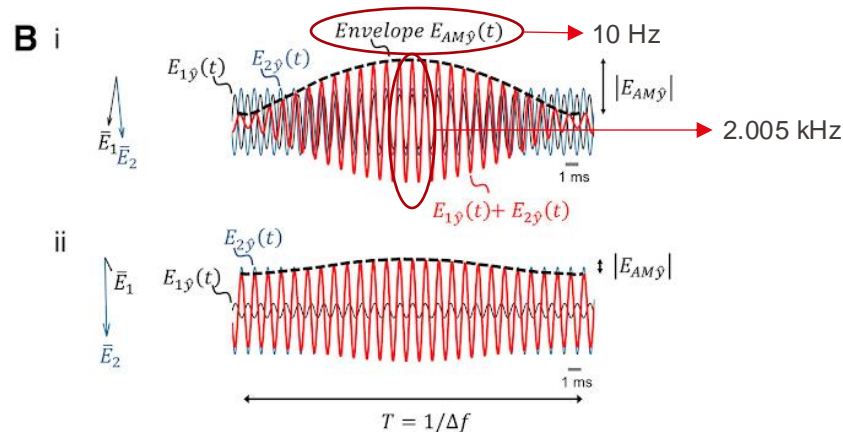
Whole brain simulations (MIDA model)



High resolution head model (MIDA, SIM-4-Life) in cooperation with E. Neufeld (IT'IS, ETH Zürich)

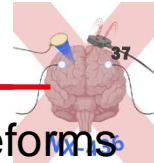


- ✓ Good **spatial** resolution
- ✓ Able to **reach deep brain structures**
- ✓ **Simulations** crucially important for targeting

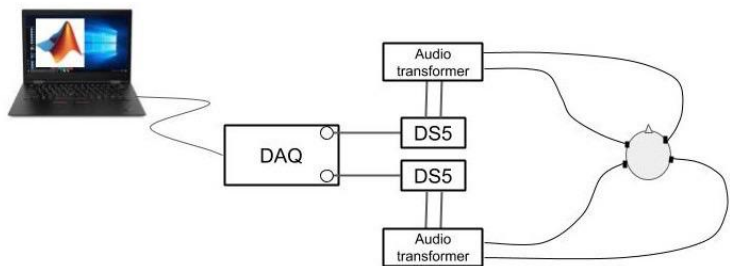


Courtesy E. Neufeld

- Ⓢ **Feasible, effective in humans**

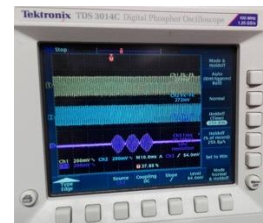
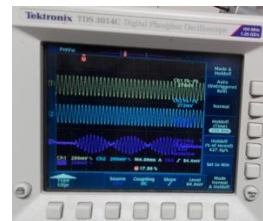
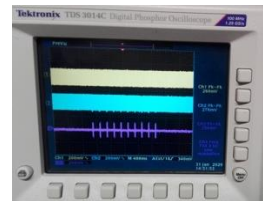


Theta bursts waveforms

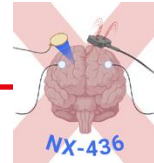


Details component parts:

- DS5: Digitimer DS5 Isolated Bipolar Current Stimulator
- DAQ: National Instruments DAQ model USB-6216 (16-Bit, 400 kS/s, BNC, Bus-Powered)
- Audio transformer: Hammond Manufacturing 1140-LN-B.



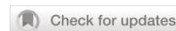
- 2kHz carrier frequency,
- 10 bursts at 5Hz,
- 3 pulses at 100Hz






www.nature.com/mp

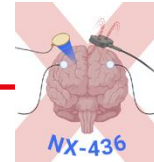
Molecular Psychiatry

ARTICLE



Placebo effects and neuromodulation for depression: a meta-analysis and evaluation of shared mechanisms

Matthew J. Burke^{1,2,3,12} [✉], Sara M. Romanella^{3,4,12}, Lucia Mencarelli^{3,4}, Rachel Greben², Michael D. Fox^{3,5,6}, Ted J. Kaptchuk⁷ ⁷,
Alvaro Pascual-Leone^{8,9,10} and Emiliano Santarnecchi^{3,11} [✉]



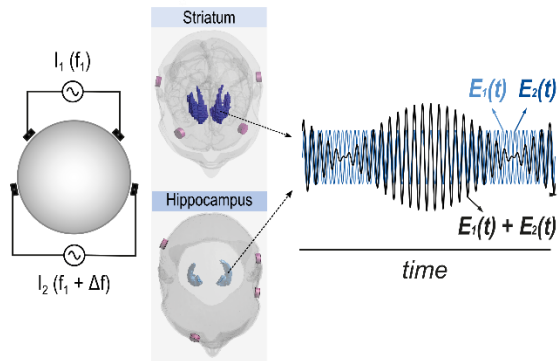
A.

Exp number	Subject number	Target	Population	tTIS Type	Session number/exp	Session number total	Sensation data points at 2mA
1	15	Striatum	Young	iTBS/HF	4	59*	118
2	15	Striatum	Young	iTBS/HF	2	30	60
3	8	Striatum	Young	iTBS/cTBS/HF	3	24	72
4	24	Striatum	Young	20Hz/80Hz/Sham	1	24	72
5	15	Striatum	Older	iTBS/HF	2	30	60
6	30	Hippocampus	Young	iTBS/cTBS/HF or Sham**	1	30	90
7	15	Hippocampus	Older	cTBS/HF	2	30	60
8	15	Hippocampus	TBI	iTBS/Sham	2	30	60

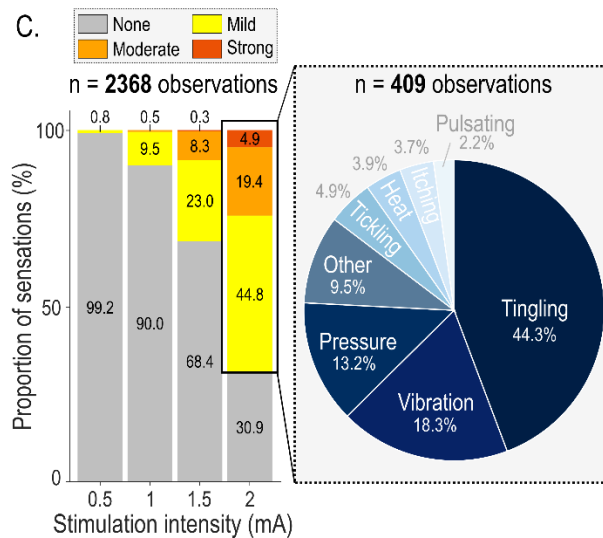
Total:

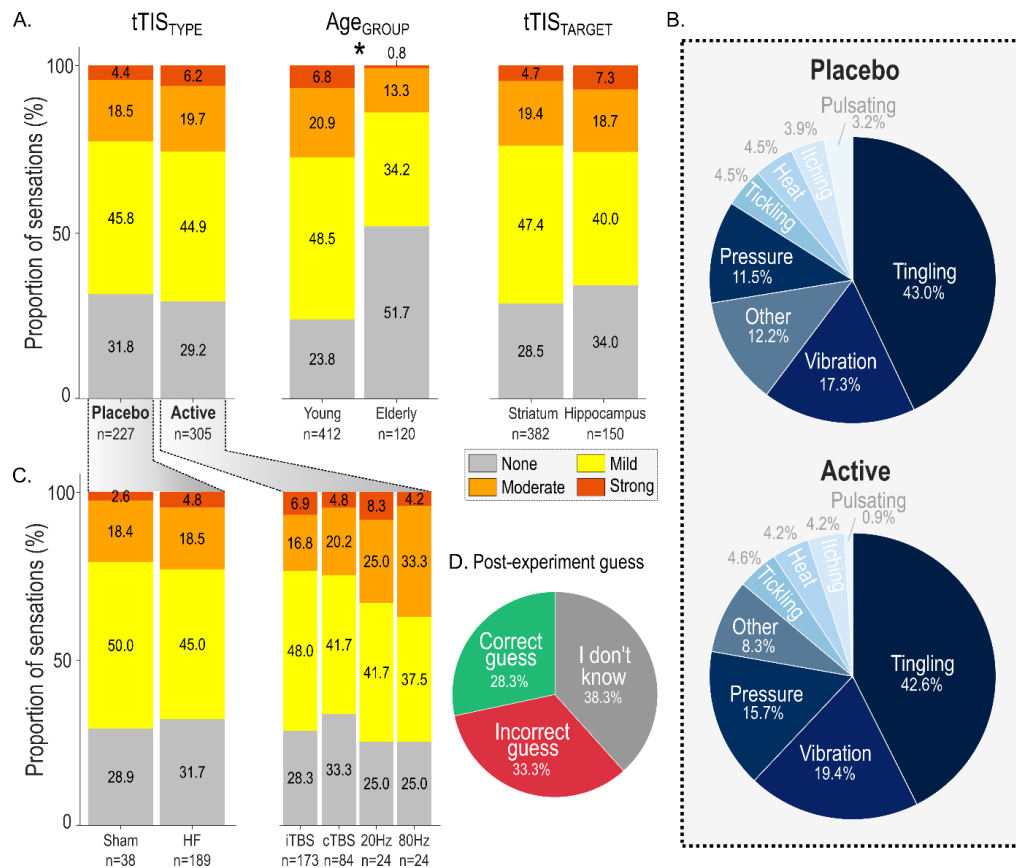
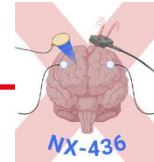
- 119 participants
- 257 sessions
- 592 sensation data points at 2mA

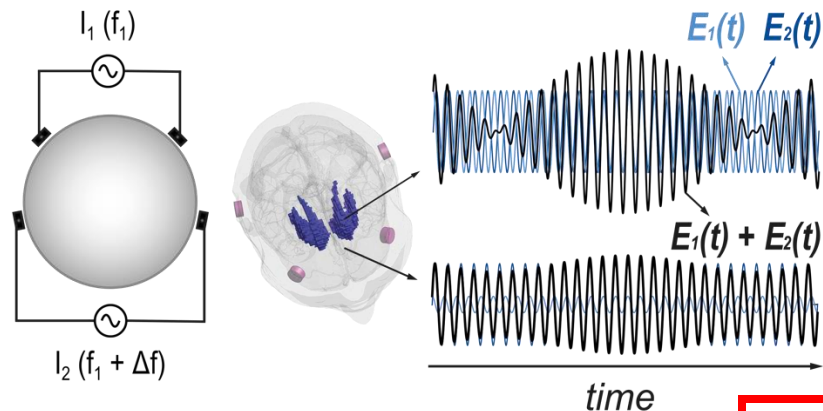
B.



C.



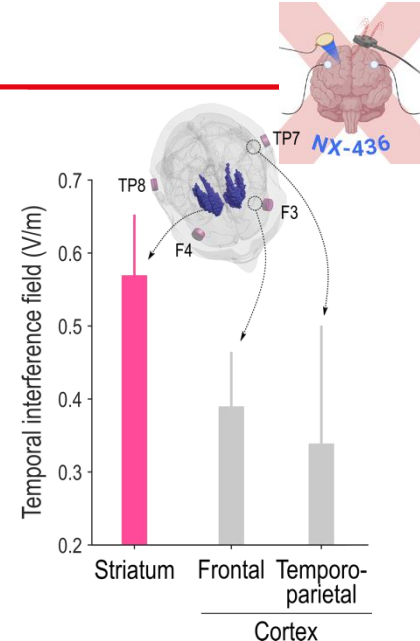
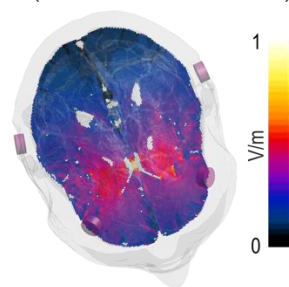




Grossman et al., 2017, *Cell*

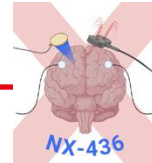
First application of
deep tTIS in humans

Simulations on high
resolution head model
(collab. Prof Neufeld)

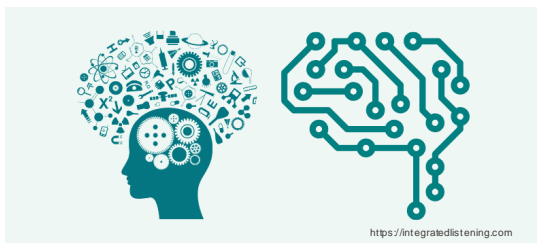


- ✓ Animal model validation (Grossman et al., 2017)
- ✓ Application on cortical structures in humans (Ma et al., 2021)
- ✓ Cadaver work (Violante et al., 2023)



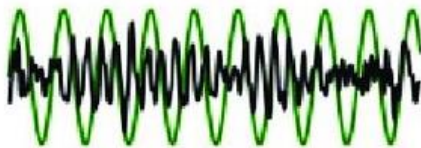


Neuroplasticity



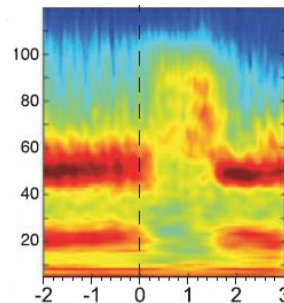
Wessel, Beanato *et al.* (2023) Nature Neuroscience
Beanato, Moon *et al.* (2024) Science Advances

Neuronal entrainment

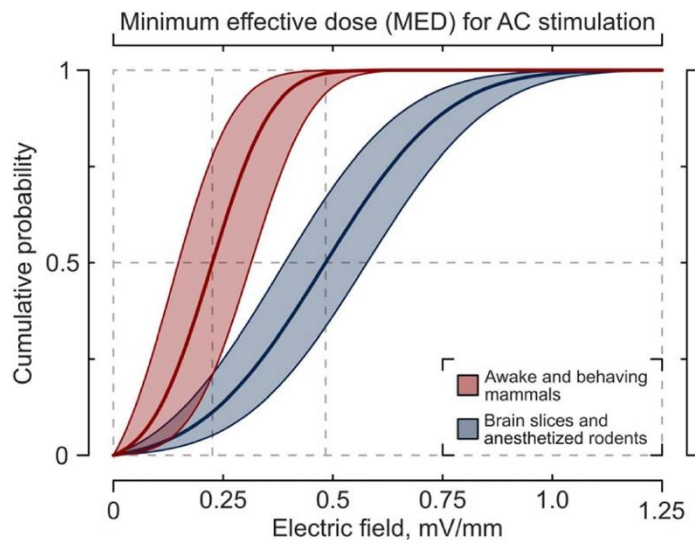
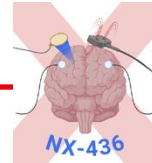


Violante *et al.* (2023) Nature Neuroscience

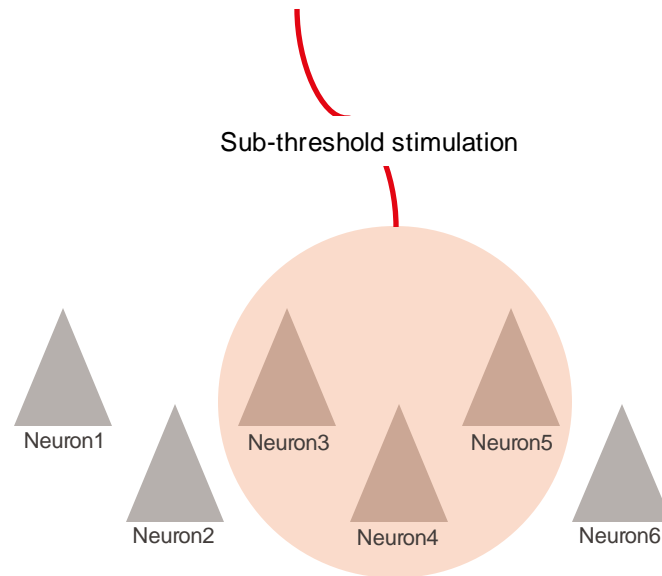
Interference



Vassiliadis *et al.* (2024) Nature Human Behavior

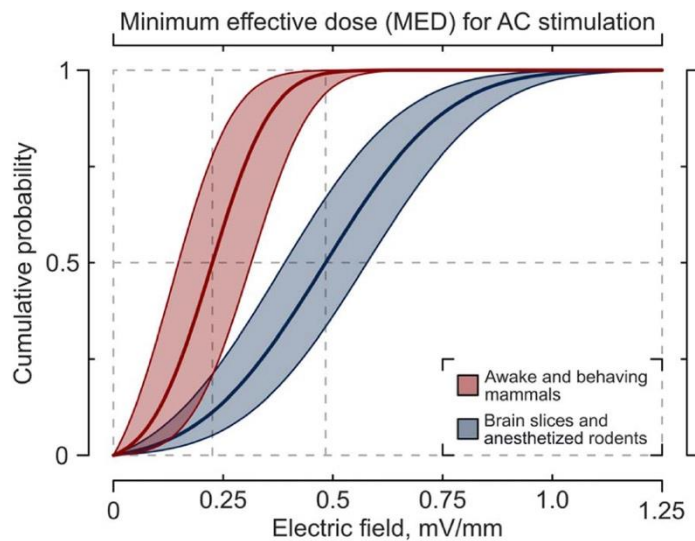
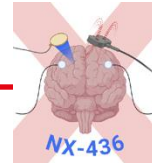


Aleksichuk, 2022

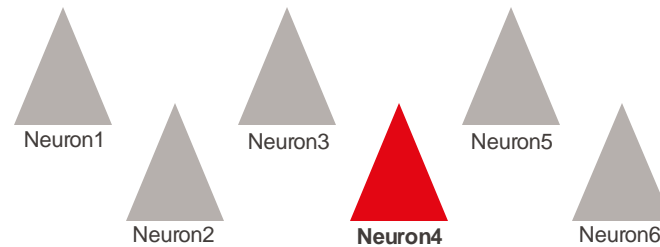


No stimulation effect

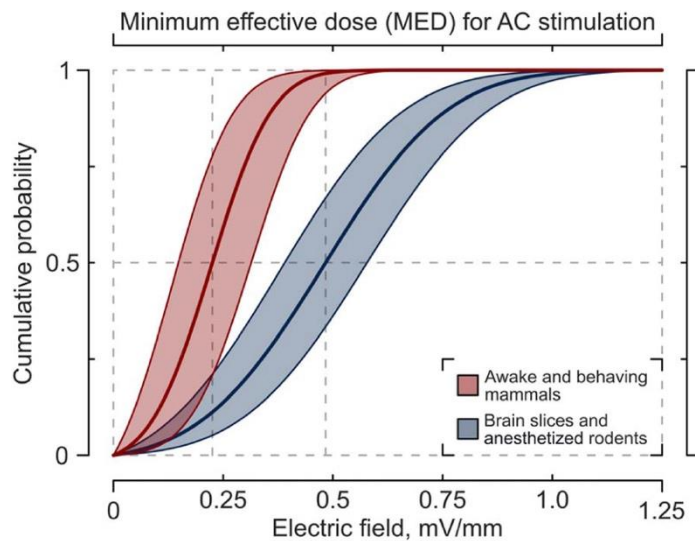
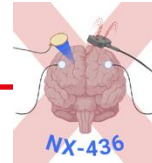
Subthreshold stimulation requires **co-activation** (Fritsch *et al.* 2010)



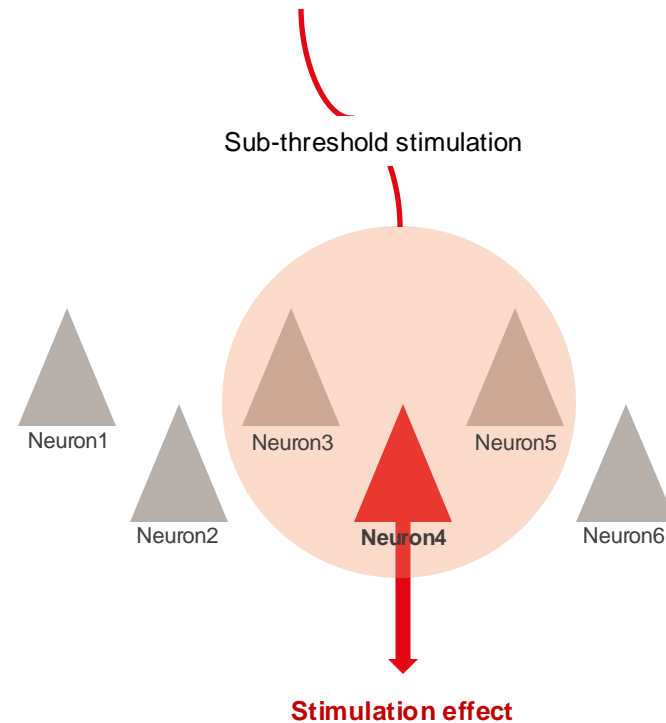
Alekseichuk, 2022



Subthreshold stimulation requires **co-activation** (Fritsch *et al.* 2010)



Alekseichuk, 2022



Subthreshold stimulation requires **co-activation** (Fritsch *et al.* 2010)

Co-activation **steers** the stimulation effects



Striatum



Zimmerman *et al.* 2013, 2014; Draaisma *et al.* 2022,
Maceda *et al.* 2022; Wessel *et al.* 2023

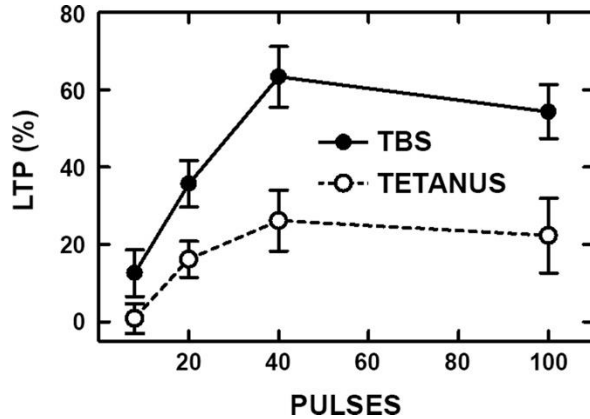


Hippocampus

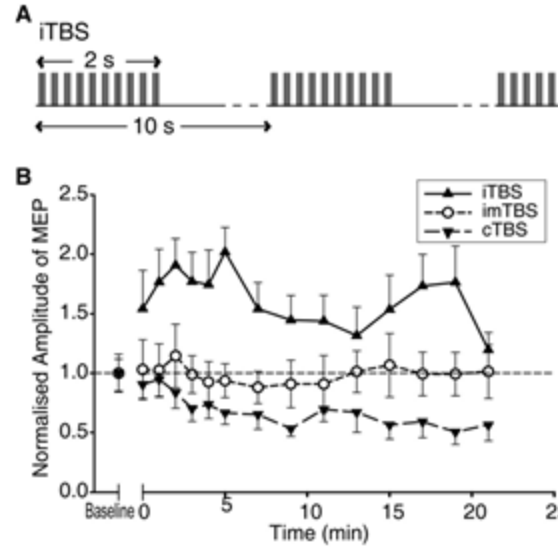


Moon *et al.* 2022

Hippocampal field CA1



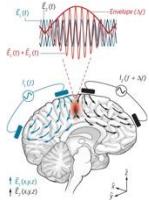
Larson & Munkasy 2015
Andersen 1991

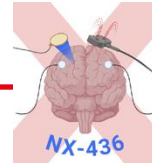


Huang *et al.* 2005

- **iTBS-TI**: 2 tACS channels @ 2kHz and 2.1kHz creating an interference wave with an envelope mimicking a theta-burst, with trains of 3 peaks @100Hz repeated every 200 ms applied for 2sec and followed by 8 sec of HF-control

- **HF-control**: 2 tACS channels @ 2kHz without shift in frequencies



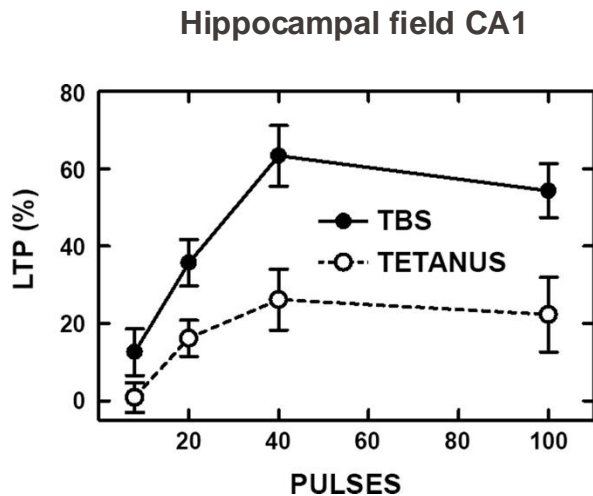


Striatum

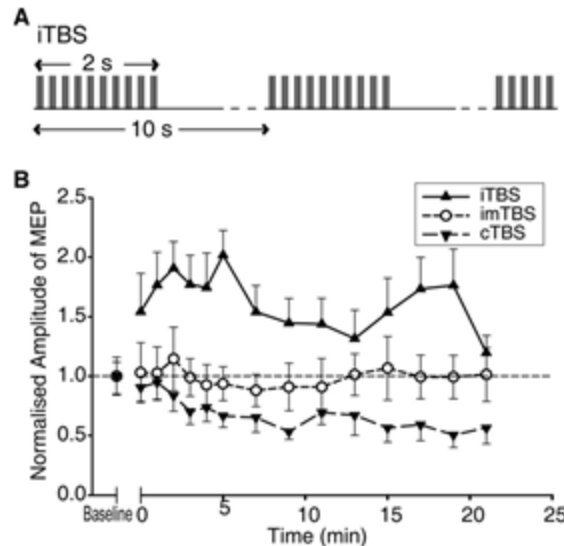


+

Zimmerman *et al.* 2013, 2014; Draaisma *et al.* 2022,
Maceida *et al.* 2022; Wessel *et al.* 2023



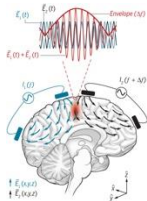
Larson & Munkasy 2015
Andersen 1991

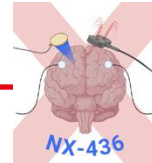


Huang *et al.* 2005

- **iTBS-TI**: 2 tACS channels @ 2kHz and 2.1kHz creating an interference wave with an envelope mimicking a theta-burst, with trains of 3 peaks @100Hz repeated every 200 ms applied for 2sec and followed by 8 sec of HF-control

- **HF-control**: 2 tACS channels @ 2kHz without shift in frequencies





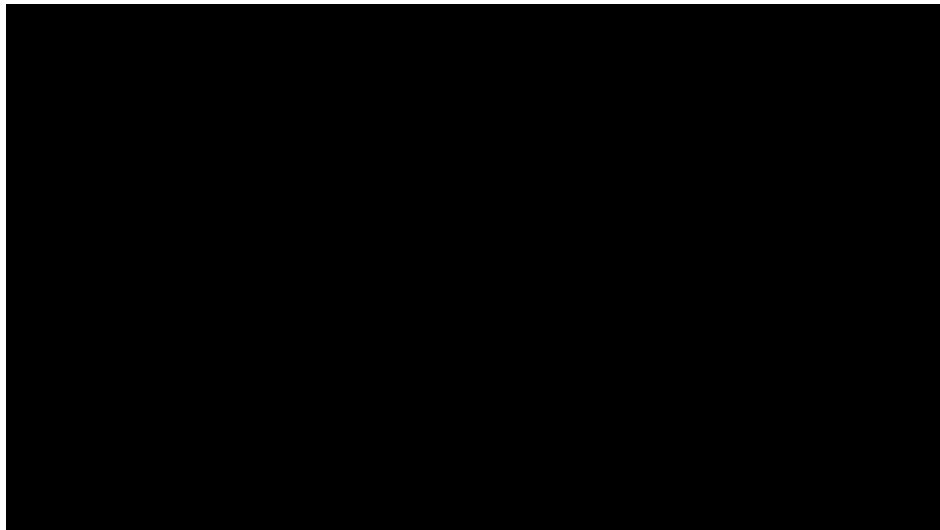
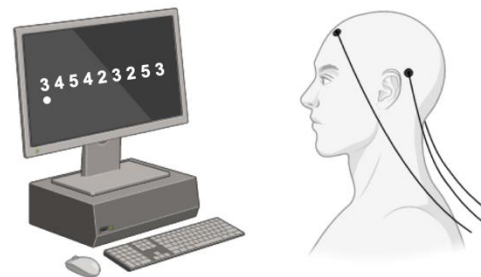
nature neuroscience

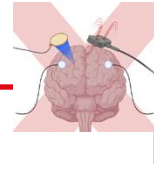


Article

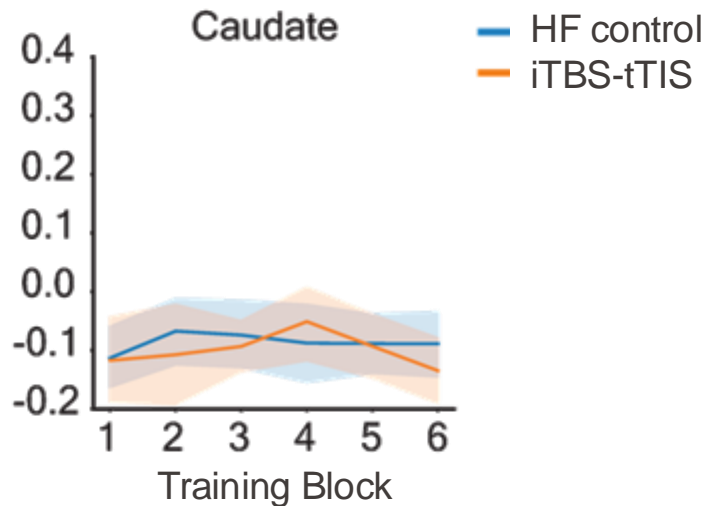
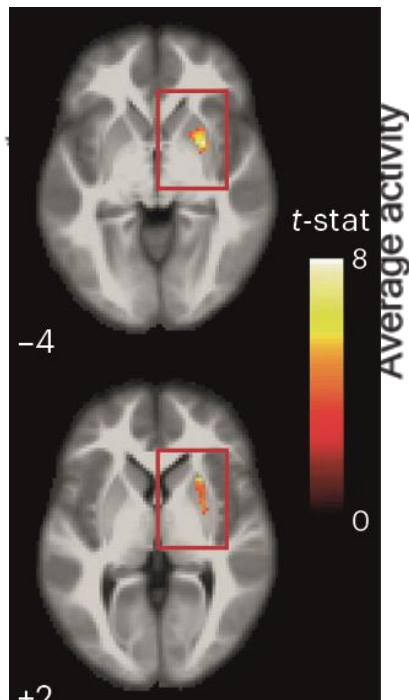
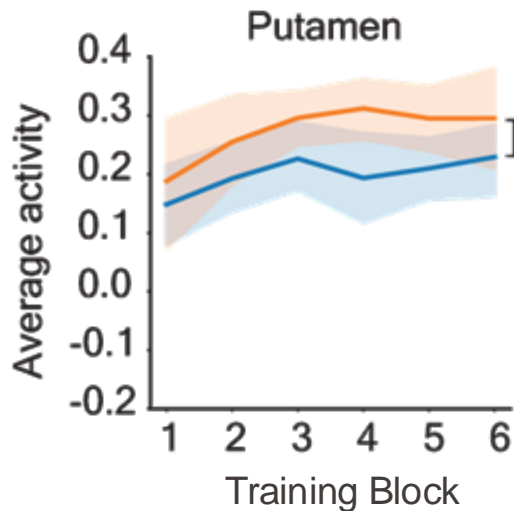
<https://doi.org/10.1038/s41593-023-01457-7>

Noninvasive theta-burst stimulation of the human striatum enhances striatal activity and motor skill learning

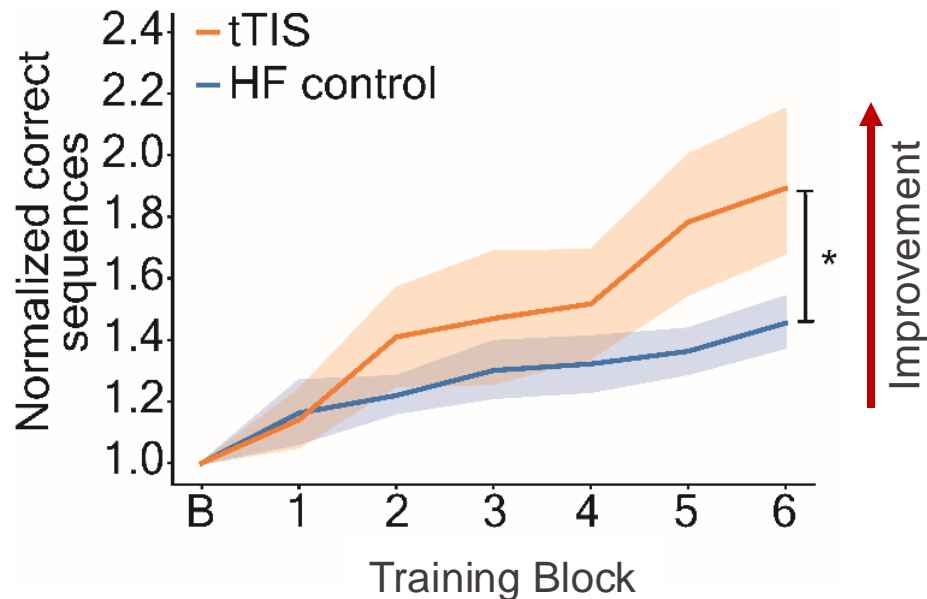
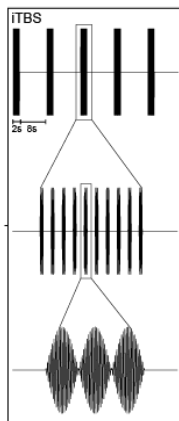
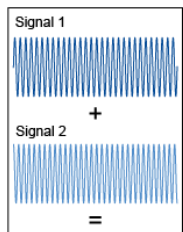
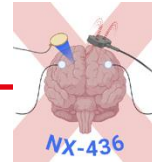
Wessel, Beanato *et al.* 2023



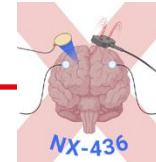
Associated with tTIS induced
behavioral improvement



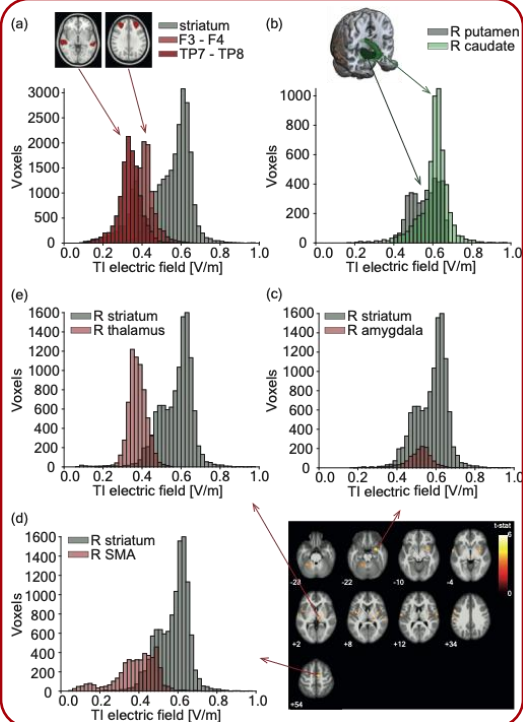
**Stimulation effects are specific to the subregion
already involved in the task**



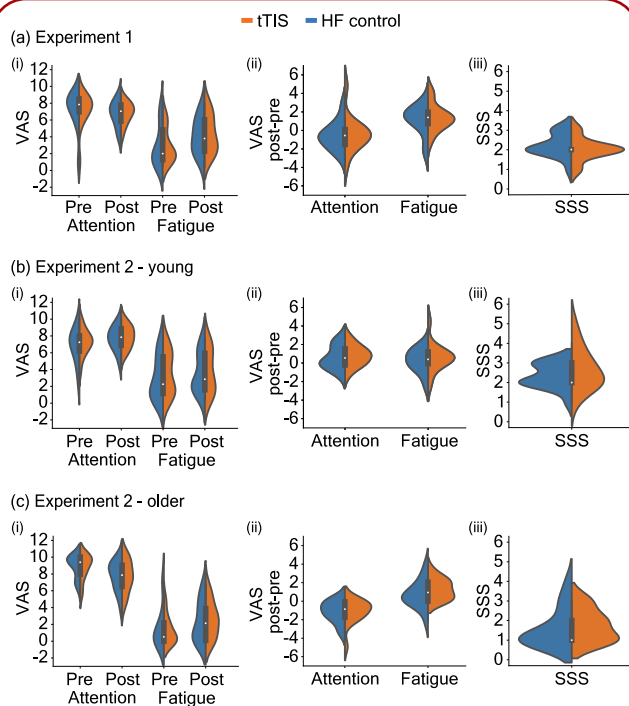
Striatal TBS-tTIS can modulate striatal activity and improve motor sequence learning



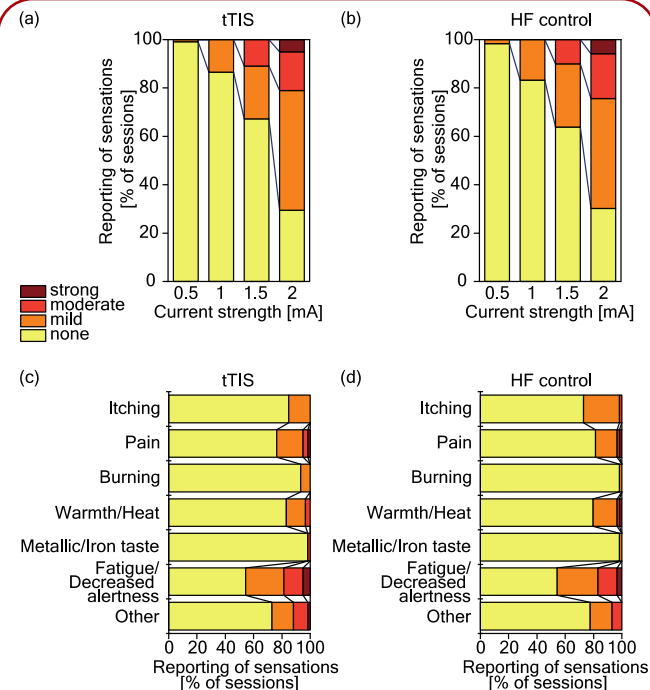
Focality of field strength

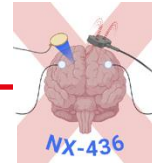


Attention, Fatigue

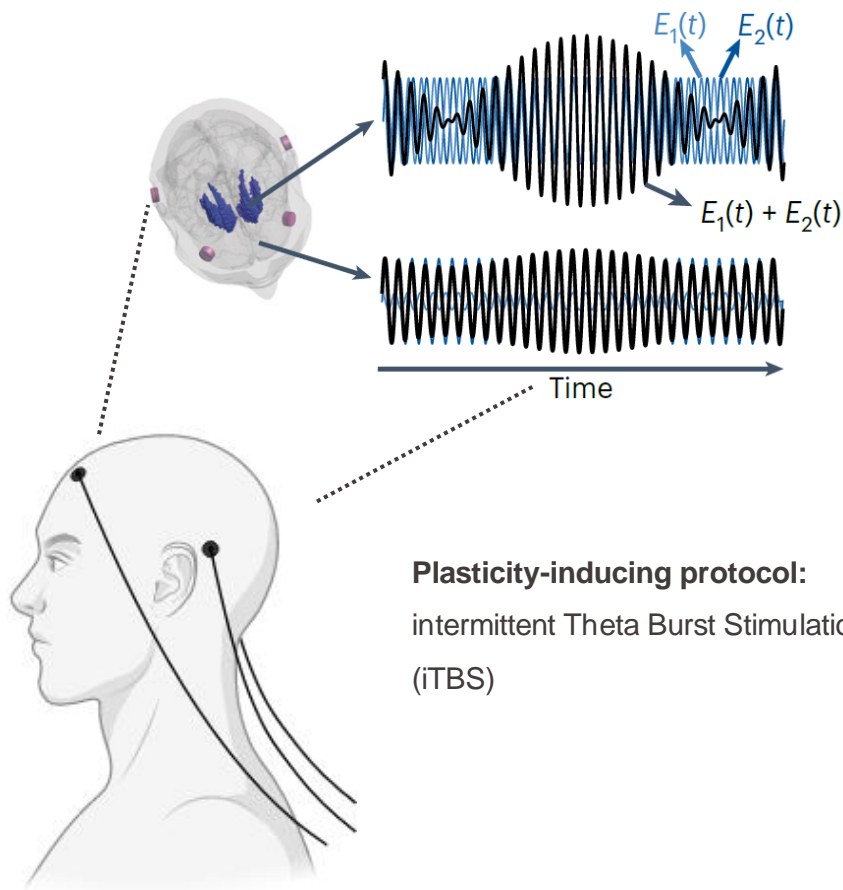


Perceived sensations

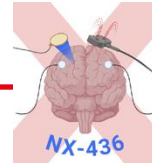


**15 TBI patients**

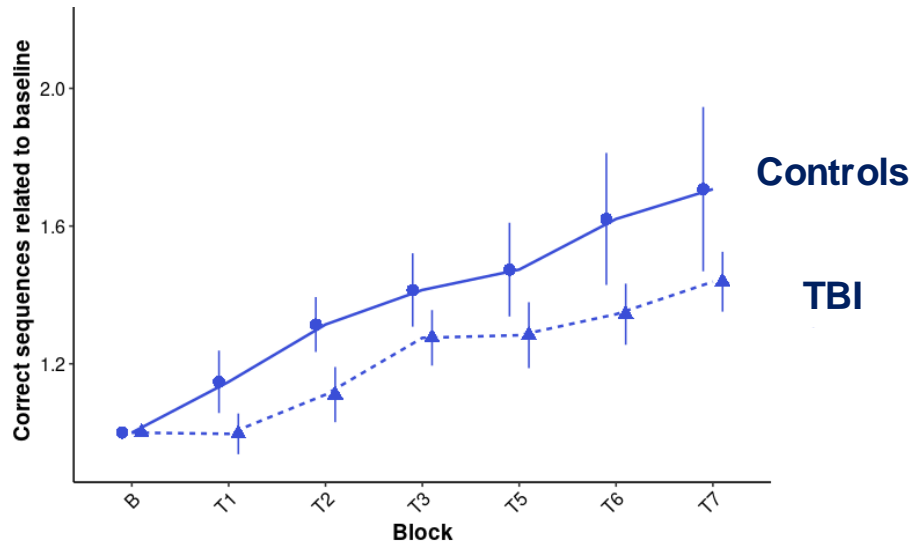
3 female, 12 male
age: 52.67 ± 13.6

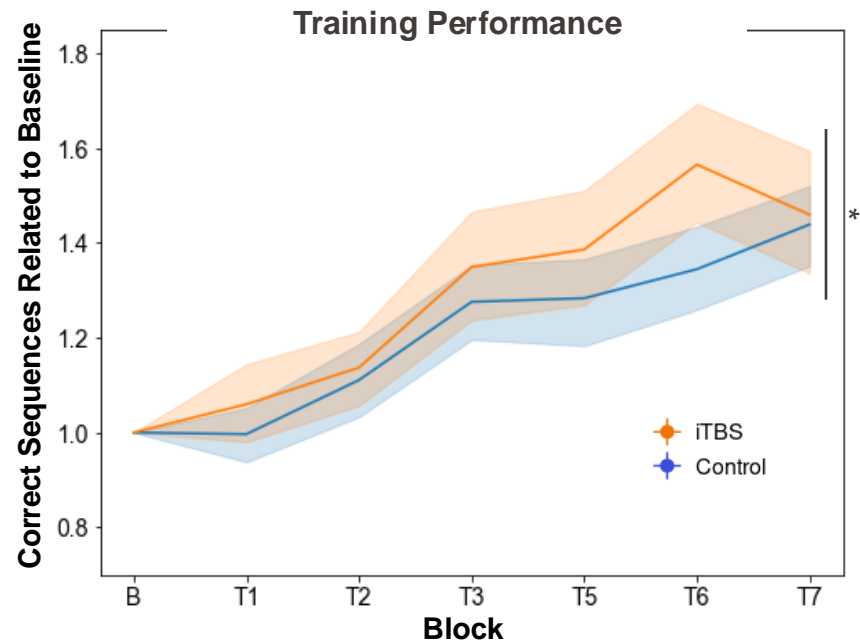
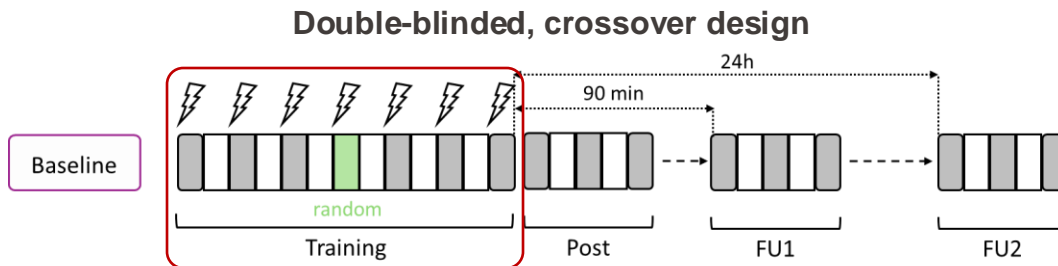
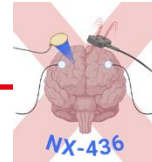


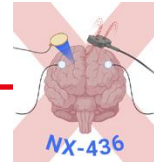
Plasticity-inducing protocol:
intermittent Theta Burst Stimulation
(iTBS)



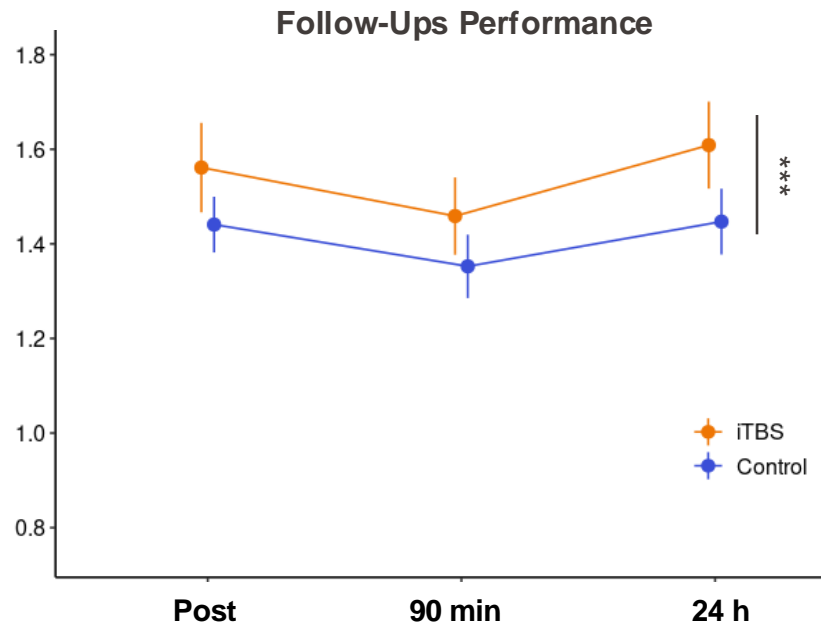
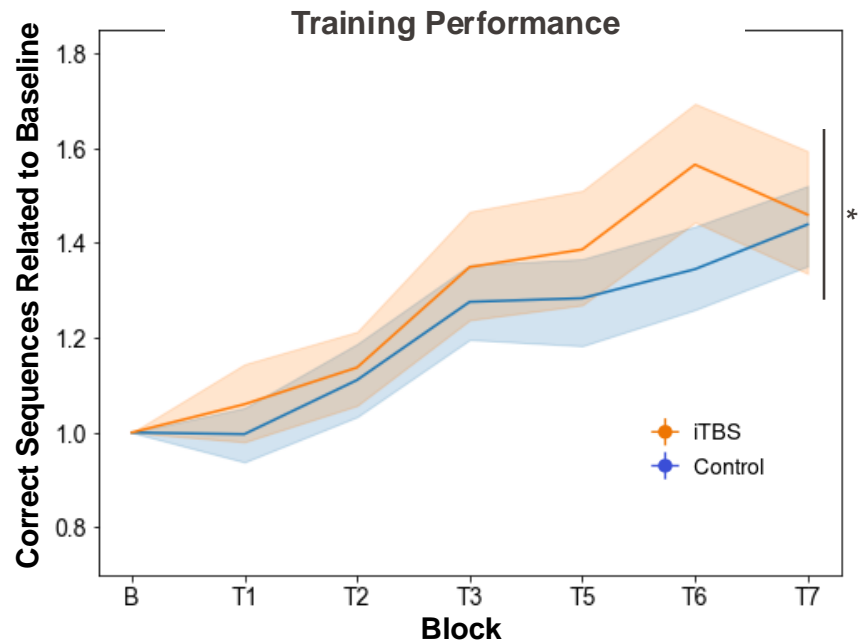
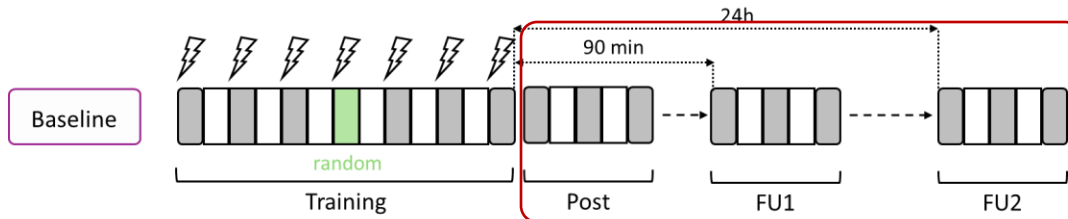
TBI vs Age-matched controls - behavior





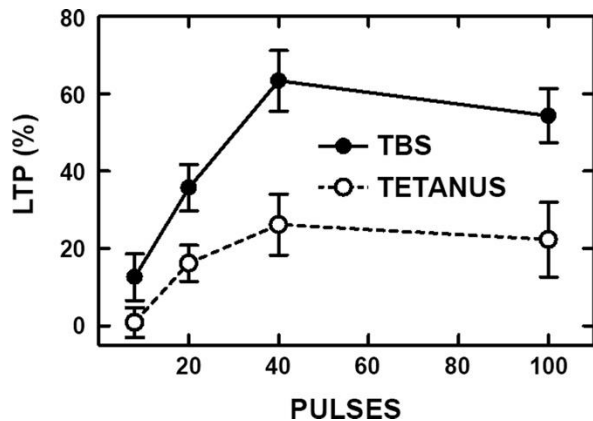


Double-blinded, crossover design

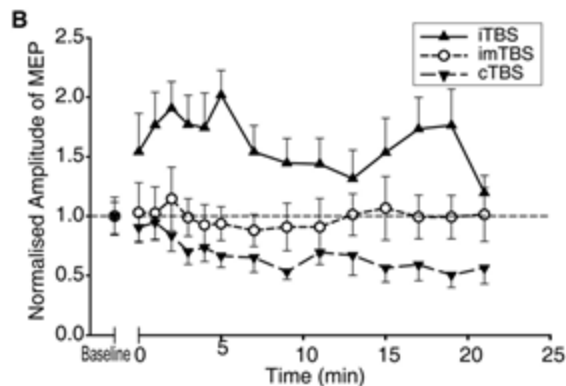
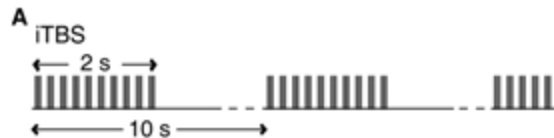




Hippocampal field CA1



Larson & Munkasy 2015
Andersen 1991



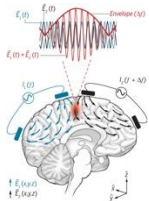
Huang *et al.* 2005

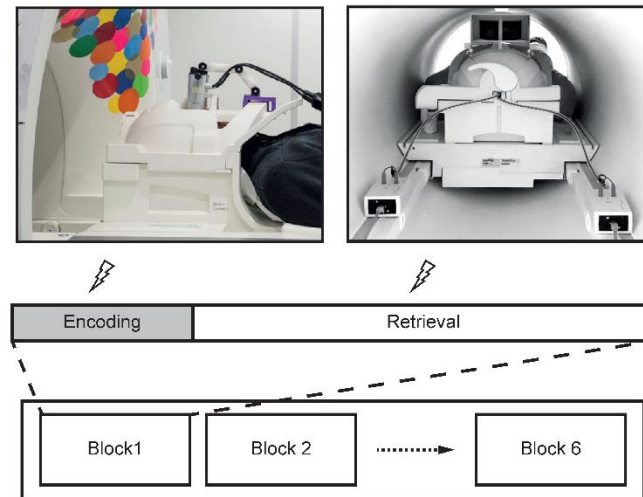
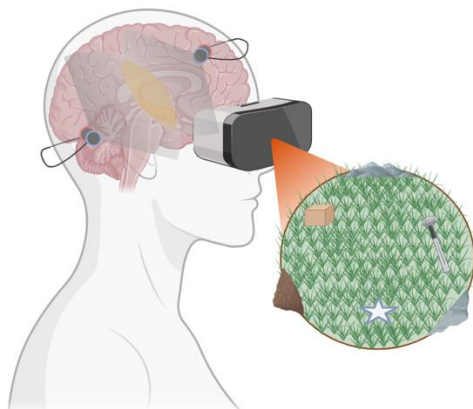
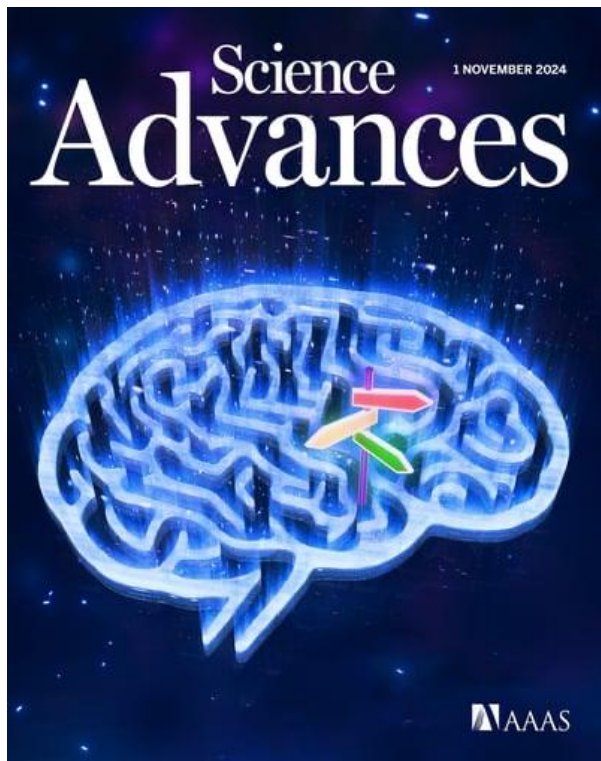
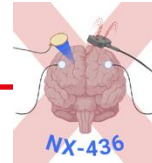
Hippocampus

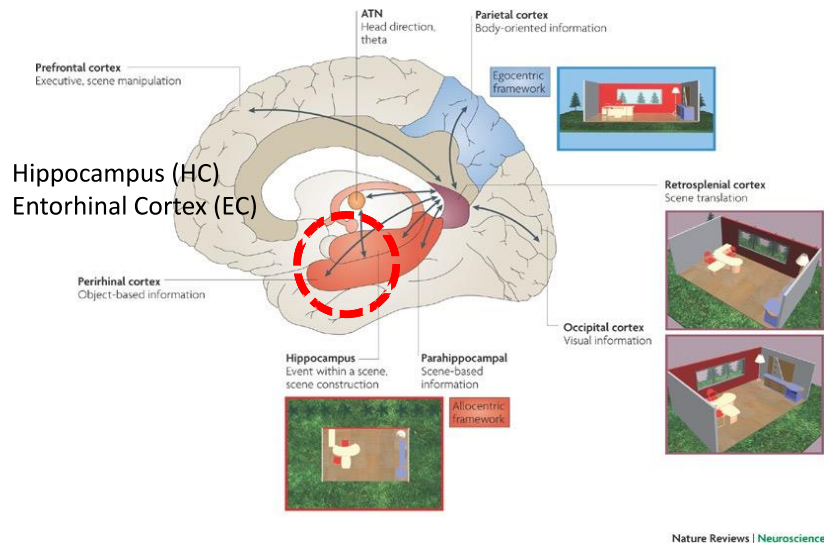


Moon *et al.* 2022

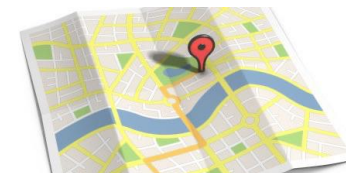
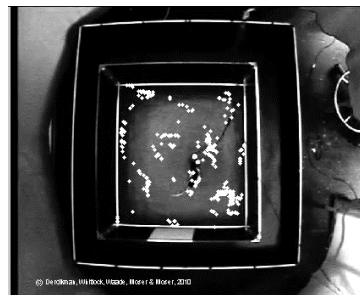
- **iTBS-TI**: 2 tACS channels @ 2kHz and 2.1kHz creating an interference wave with an envelope mimicking a theta-burst, with trains of 3 peaks @100Hz repeated every 200 ms applied for 2sec and followed by 8 sec of HF-control
- **HF-control**: 2 tACS channels @ 2kHz without shift in frequencies





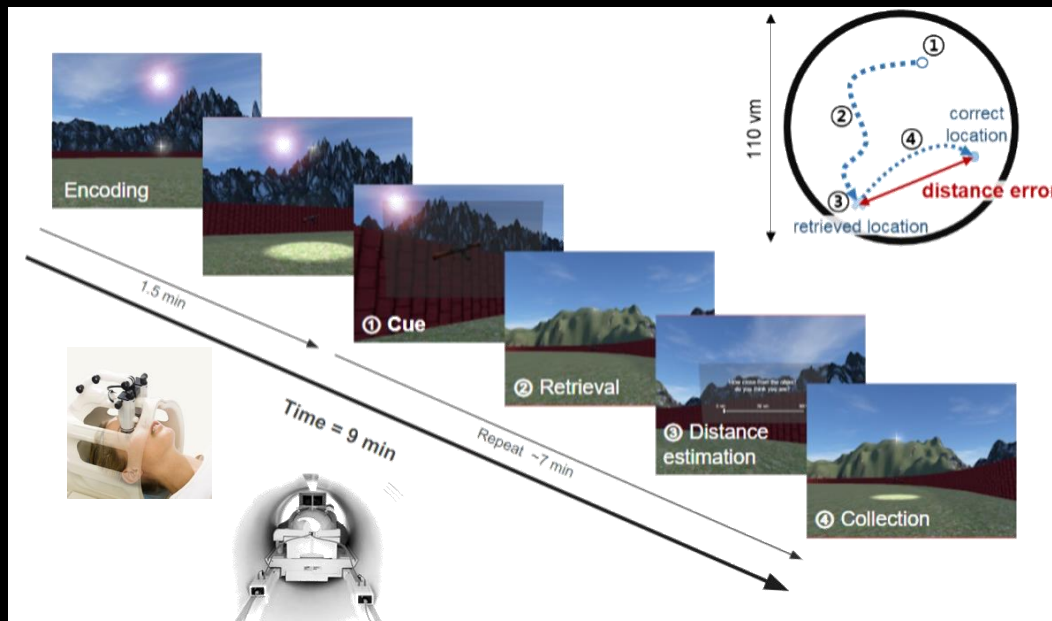


• Grid cells in Entorhinal cortex (EC)

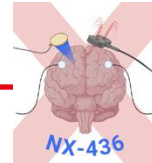


- allocentric spatial representation in the brain
- Spatial navigation
- Memory
- Alzheimer's disease (AD) /MCI

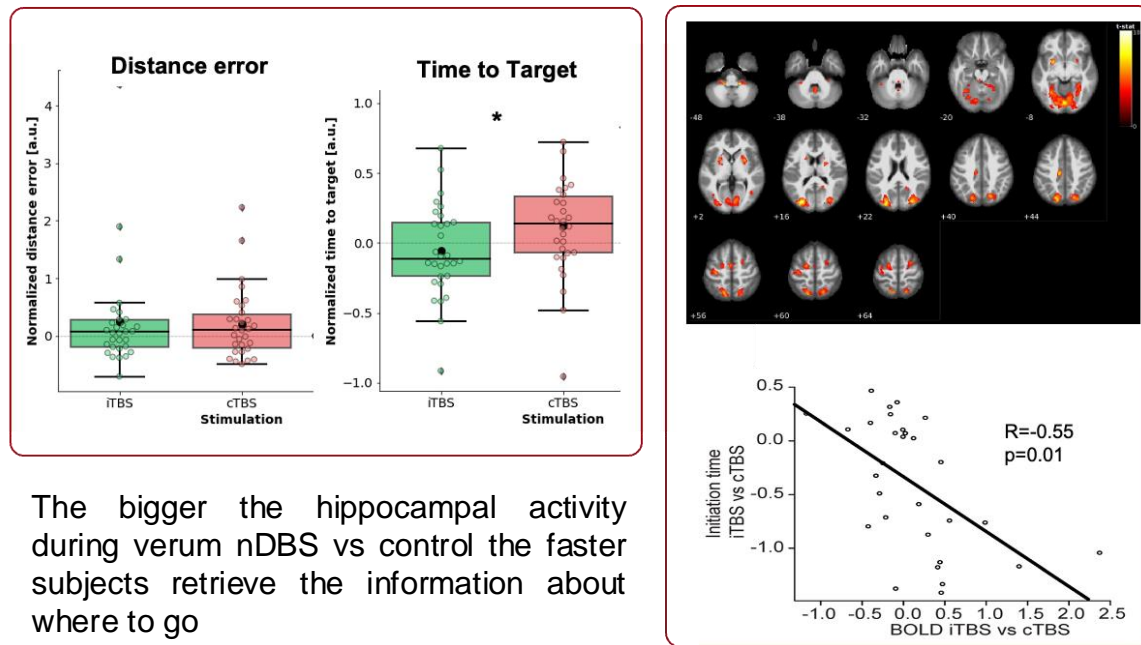
Vann et al., 2009; Moser et al. 2008; Byrne et al. 2007; Kunz et al., 2015



- N = 30 young healthy subjects
- Age 23.6 ± 4.07
- Randomized, double-blind design
- 6 blocks of ~ 9.5 min each
- A-B-C-C-B-A design
- Stimulation: **iTBS-TI** vs. **cTBS-TI** vs. **control** during encoding and retrieval phase
- Target: **right hippocampus**
- Instruction: “perform as **accurate** as possible”

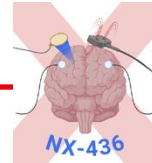


Spatial navigation

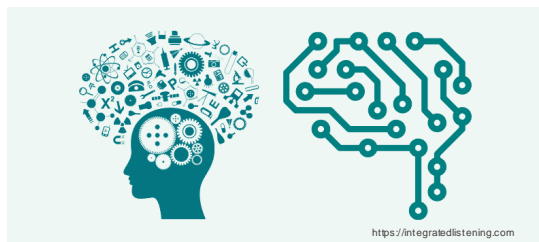


The bigger the hippocampal activity during verum nDBS vs control the faster subjects retrieve the information about where to go

Non-invasive deep brain stimulation of the hippocampus enhances spatial memory
Opportunity to provide this treatment strategy to patients suffering from memory deficits



Neuroplasticity



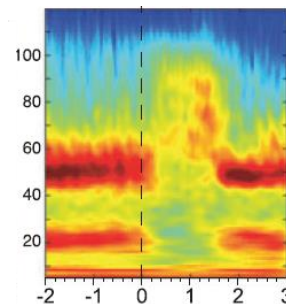
Wessel, Beanato *et al.* (2023) Nature Neuroscience
Popa, Beanato *et al.* (2023) bioRxiv
Beanato, Moon *et al.* (under review)

Neuronal entrainment



Violante *et al.* (2023) Nature Neuroscience

Interference



Vassiliadis *et al.* (2024) Nature Human Behavior

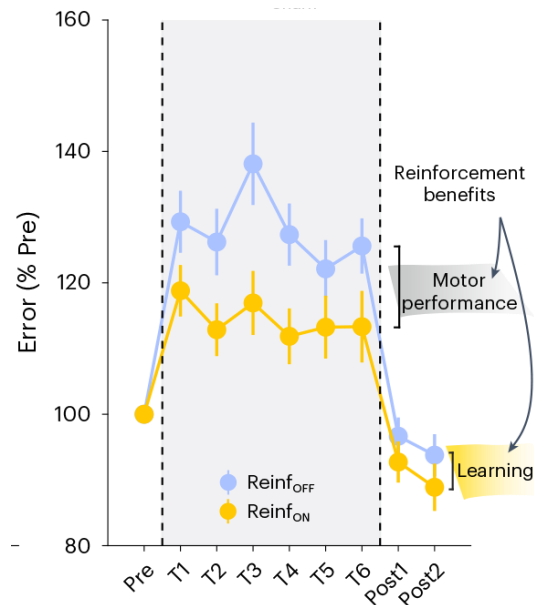
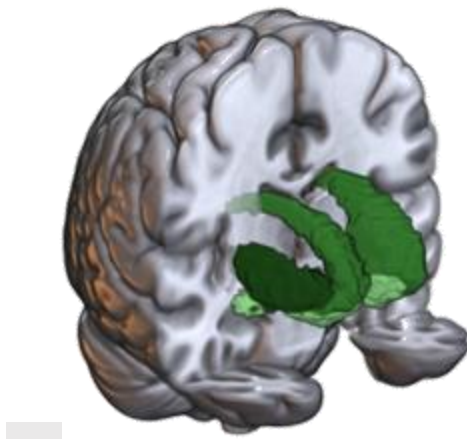
nature human behaviour

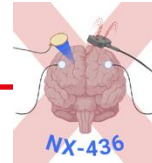


Article

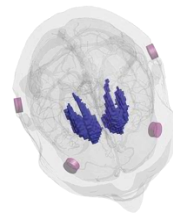
<https://doi.org/10.1038/s41562-024-01901-z>

Non-invasive stimulation of the human striatum disrupts reinforcement learning of motor skills

Vassiliadis *et al.* 2024



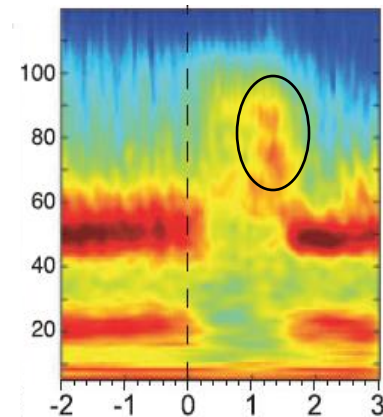
Striatum active in reinforcement learning (Bartra *et al.*, 2013) and motor learning (Hardwick *et al.*, 2013; Wessel, Beanato *et al.*, 2023)



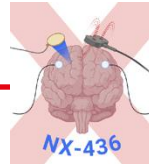
Striatum suggested to be involved in the benefits of reinforcement on (motor) learning

Specific oscillations in the striatum associated to different functions:

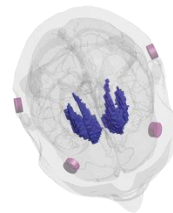
- **Beta** (~20Hz) \longleftrightarrow sensorimotor control (Jenkinson *et al.*, 2013)
- **High gamma** (~80Hz) \longleftrightarrow reward processing (Berke, 2009)



Reward



Striatum active in reinforcement learning (Bartra *et al.*, 2013) and motor learning (Hardwick *et al.*, 2013; Wessel, Beanato *et al.*, 2023)



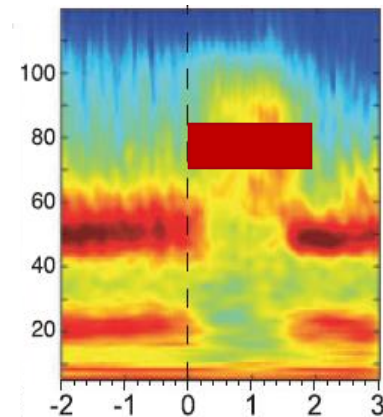
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Specific oscillations in the striatum associated to different functions:

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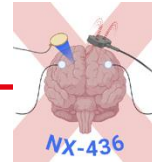
Hypothesis:

Continuous, open-loop **striatal** stimulation at **80Hz** will **perturb** the **reinforcement-dependent** regulation of high gamma oscillations and **disrupt** the benefits of reinforcement on learning

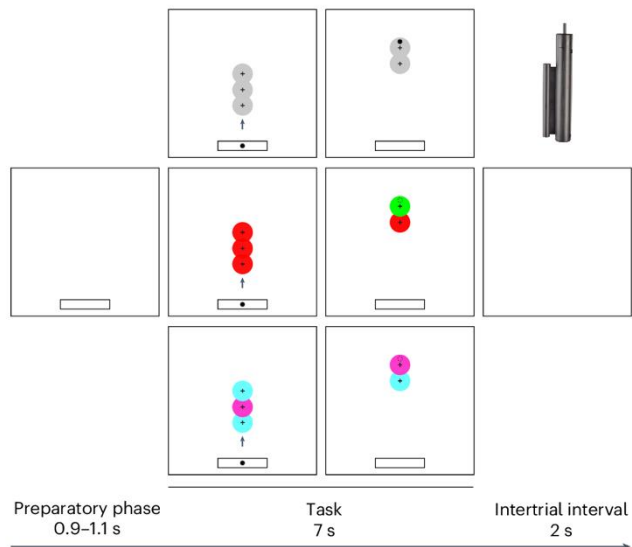


Reward will
be disrupted

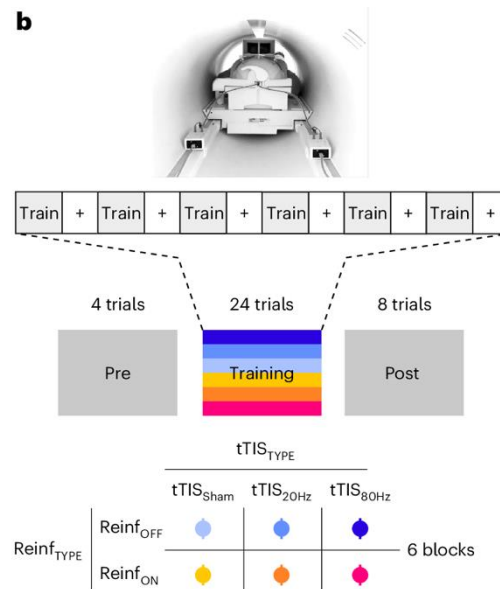
No
Reward

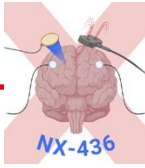


Reinforcement Learning

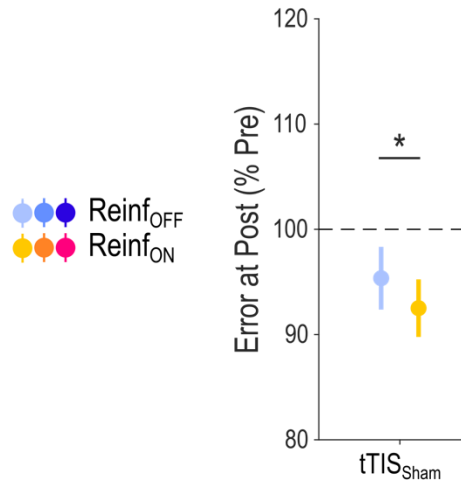
aVassiliadis *et al.*, 2021, 2022 iScience

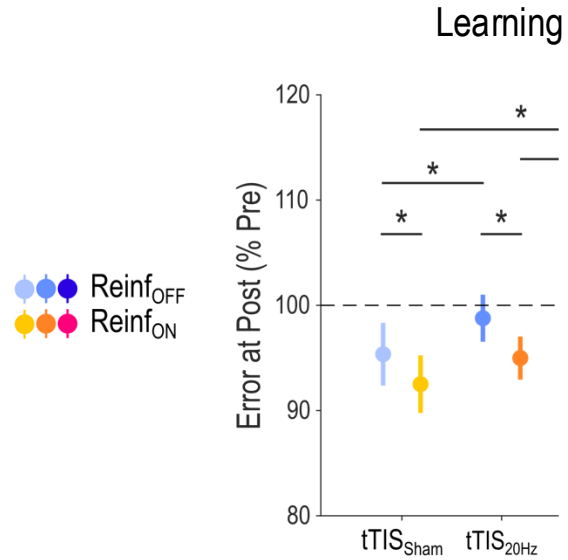
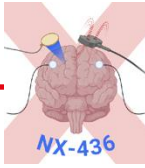
tTIS + task concomitant with fMRI

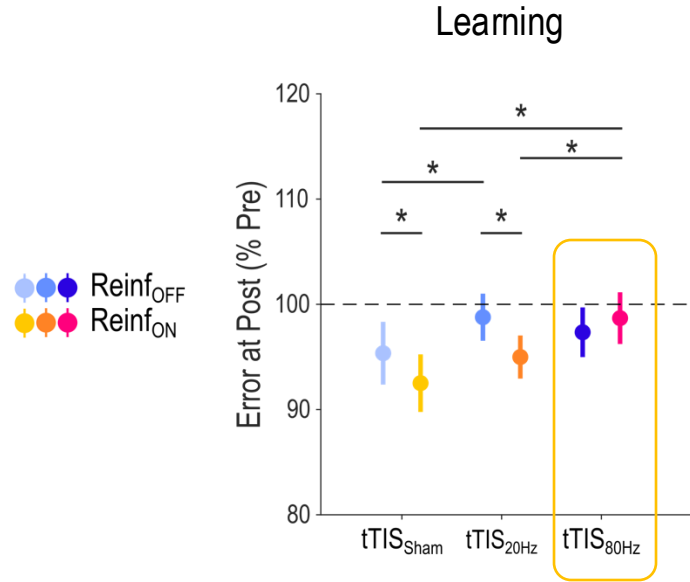
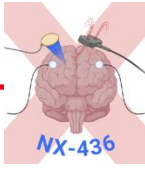
b



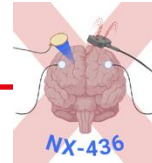
Learning



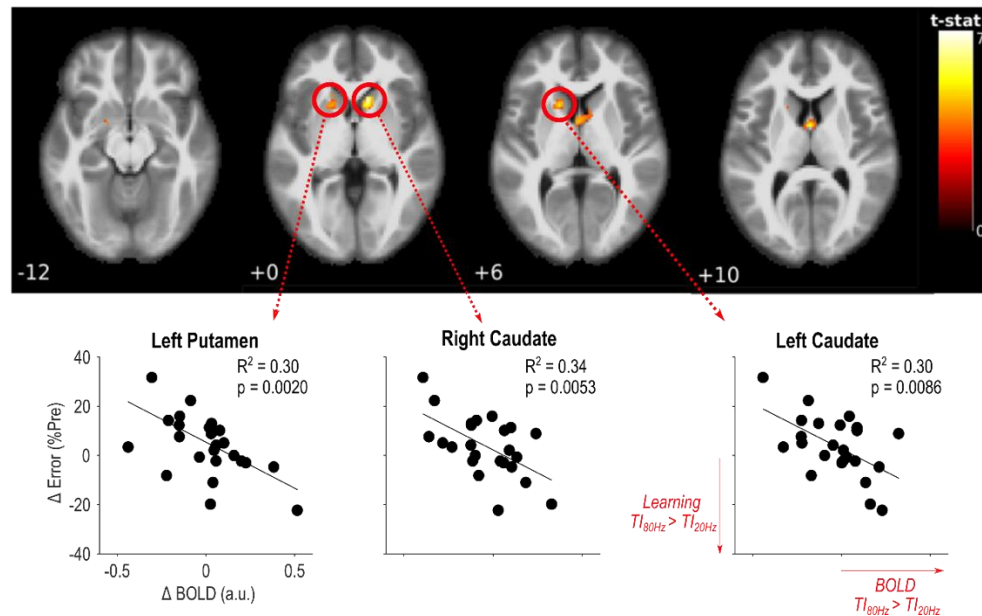
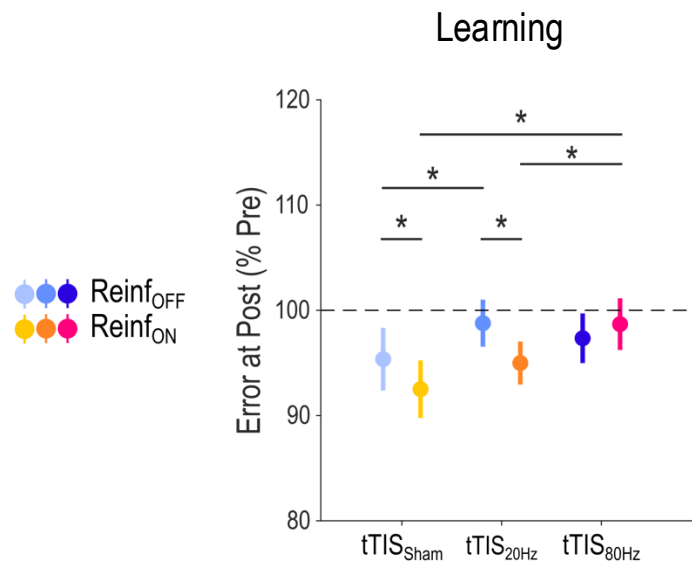




→ **tTIS_{80Hz} disrupts** the benefits of **reinforcement** on motor learning, not motor learning in general

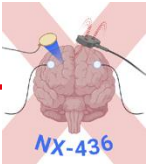


tTIS_{80Hz} – tTIS_{20Hz} contrast; Reinf_{ON}

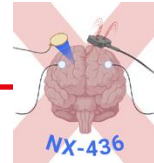


→ tTIS_{80Hz} **disrupts** the benefits of **reinforcement** on motor learning, not motor learning in general

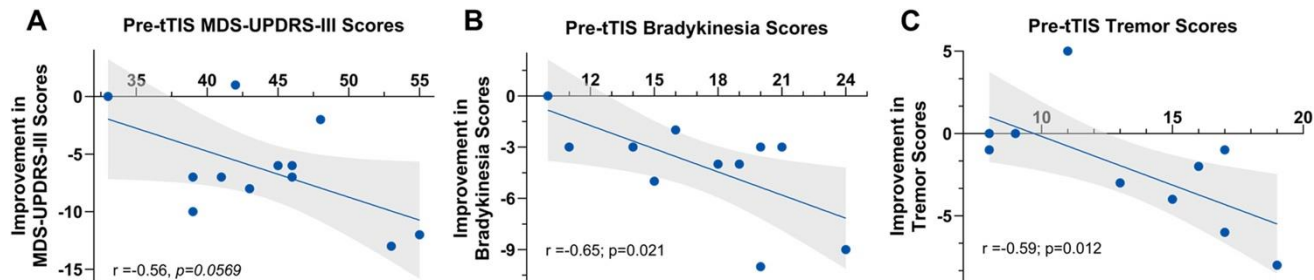
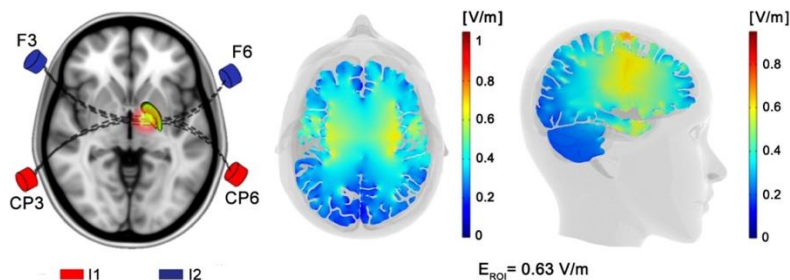
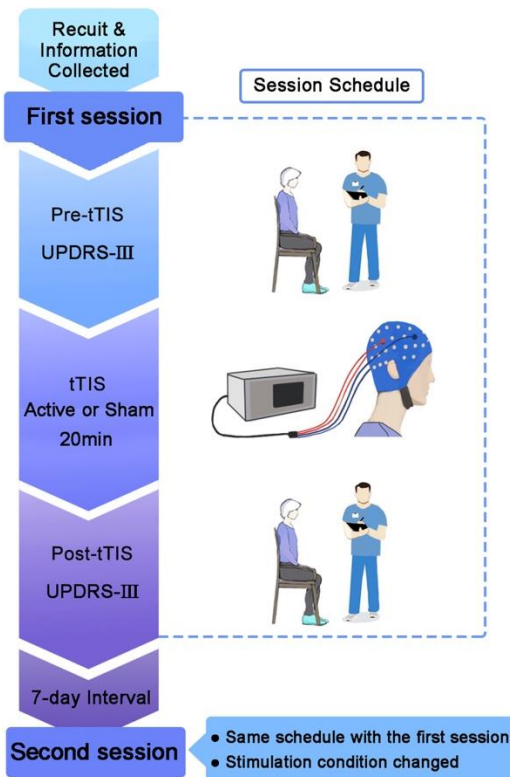
Disruption of reinforcement motor learning with tTIS_{80Hz} **correlates** with changes of neural activity in the striatum



Clinical translation – Parkinson's



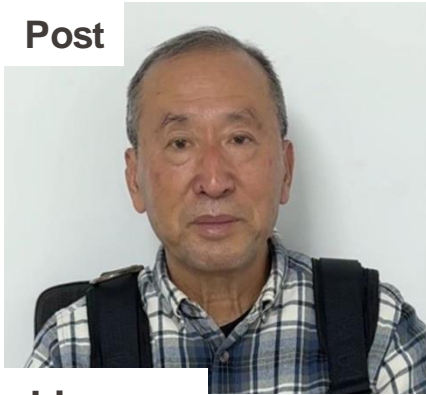
Unilateral STN 130Hz tTIS



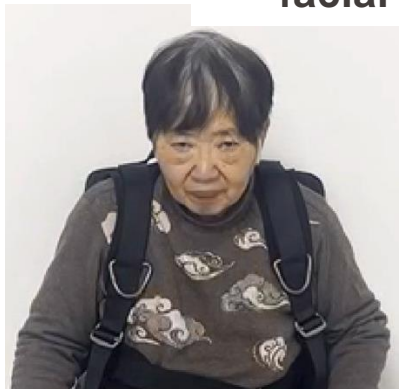
Pre



Post



facial masking



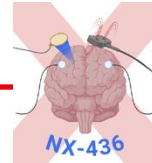
Before tTIS

干预前

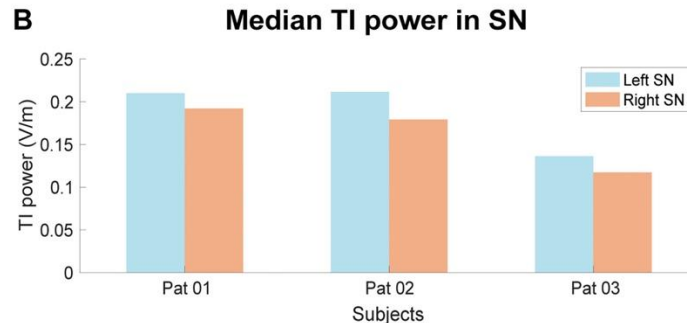
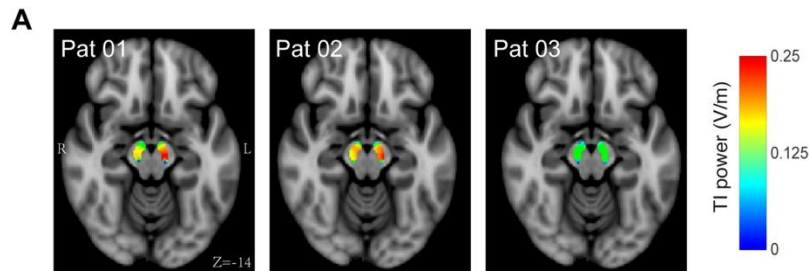


30 min after tTIS





Bilateral STN 130Hz tTIS



The pilot results of TI treatment in motor disorder.

#Patient	Diseases	Gender	Age (years)	On-line/off-line	Stimulation duration	Total current intensity	Improved item (compared to baseline)	The change of score (baseline→during/after TI)
Pat 01	ET	Female	57	Off-line	20 min	2 mA	Continuity of resting tremor	2→1
Pat 02	PD	Female	70	On-line	~10 min	2 mA	Continuity of resting tremor	3→1
Pat 03	PD	Female	59	On-line	~10 min	1.5 mA	Amplitude of resting tremor (right upper limb)	2→1

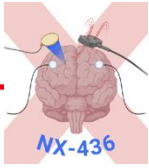
The score 1 in continuity (Pat 01/02) of resting tremor refers to the time of tremors accounting for less than 25 % of the total assessment time, the score 2 refers to 26 % ~50 %, the score 3 refers to 51 %~75 %; The score 1 in amplitude (Pat 03) of resting tremor refers to the amplitude smaller than 1 cm, the score 2 refers to 1–3 cm. ET, essential tremor; PD, Parkinson's disease.



- Novel innovative neurotechnology extends the use of orchestrated non-invasive brain stimulation to deep brain structures (hippocampus, basal ganglia)
- Temporal Interference stimulation (**tTIS**) provides a **promising** opportunity to neuromodulate **non-invasively deep** brain structures like the
 - striatum (Wessel, Beanato *et al.* 2023 Nature Neuroscience; Vassiliadis *et al.* 2024 Nature Human Behavior)
 - hippocampus (Violante *et al.* 2023 Nature Neuroscience; Beanato, Yoon *et al.* 2024 Science Advances)
 - first applications in patients (TBI, Ploumitsakou *et al.* in prep; Parkinson, Liu *et al.* 2024; Zhang *et al.* 2024)
- Opens new promising **opportunities** for **novel non-invasive interventional strategies** for **neurological** and **psychiatric** disorders targeting deep brain structures involved in the pathophysiology or in the recovery process of the disorders
 - TBI or Stroke
 - Parkinson's
 - Dementia
 - Anxiety, Addiction
 - Apathy or Fatigue
- Next steps require further technological development and acquisition of strong clinical evidence
- Translation into daily clinical life

Open questions, challenges

- Parameter space (frequency)
- Higher topographic resolution
- Understanding of underlying mechanisms
- Personalized application
- Closed-loop stimulation
- Home-based self-application
- Proof-of-concept in clinical populations



Questions?